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ABSTRACT

This overview presents a summary of the major findings of a 25-state survey of child welfare service delivery systems, as studied by Peat, Marwick, Mitchell & Co. in association with the Child Welfare League of America (CWLA) during the period of November 1975 through February 1976. The initial products of the survey were 25 state profiles; these were analyzed for the strengths, weaknesses, and exemplary features of their delivery systems as well as to identify major issues in state child welfare agencies. The findings that grew out of the analysis form the basis of this overview. Chapter I includes a description of the child welfare delivery systems project, a description of the survey, and a discussion of the development and analysis of the 25 state profiles by clustered states. Chapter II is a cross-sectional report of administrative form, demographic and economic environment, philosophy and values, goals and priorities, organization, needs assessment, planning and decision making, financing, program resource mobilization, management services, outreach, client reception and referral, diagnosis and service plan development, service delivery, data collection and reporting, and evaluation. An analysis of delivery system characteristics by clustered states is contained in an appendix. (Author/SB)

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CHILD WELFARE IN 25 STATES — AN OVERVIEW

U.S. DEPARTMENT OF
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F O R E W O R D

Many strengths in child welfare service delivery systems are identified in this report of a survey of the systems of twenty-five states. However, the major findings of the survey point up an extremely serious picture of the nationwide status of publicly supported social services for children, youth, and their families.

The conditions identified by the survey suggest an urgent agenda for action for the states, the Federal Government, national and local organizations concerned with services for children, and individual citizens. The Children's Bureau will continue to provide leadership in the important work to be done in bringing these conditions to public attention and in helping to resolve these conditions. One such action will be the continued sponsorship of the project, of which the 25-state survey was a part, to develop, and help the states to implement, improved child welfare service delivery systems program designs. Over the course of the project, ten states will be directly involved in the development and implementation of improved program designs for the delivery of social services to children. A method for systematic exchange of information among the remaining states is also contemplated.

This and other Children's Bureau projects and surveys are focused on the objective of providing a balanced, soundly based program of services for all children and their families, when such services are needed. The major thrust of this project on child welfare service delivery systems is to provide a broad systems context within which specific program services and management tools can be effectively administered.

We want to acknowledge, with appreciation, the superb assistance and cooperation extended to the survey teams by the 25 states. We also want to emphasize the fact that this report includes findings only of the survey and is but one step in a three-year project of the Children's Bureau to help all states improve their child welfare service delivery systems. Recommendations and a plan for action will be provided separately in the form of systems design documentation and guides for implementation.

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EXECUTIVE SUMMARY

This overview addresses the results of the Peat, Marwick, Mitchell & Co. (PMM&Co.)/Child Welfare League of America (CLWA) review and assessment of child welfare service delivery systems in 25 selected states. The 25-state survey was the first major task of a project financed by the Office of Child Development (DHEW), Children's Bureau, and carried out under the direction of the National Center for Child Advocacy.

The scope of the survey was broad--it covered all management and program components of child welfare service delivery systems. It focused upon the delivery of 12 social services for children and their families without regard to organizational auspice or funding source. The findings of the survey present a sobering view of the status of public child welfare services especially when considering the large numbers of children involved. The survey suggests the need for immediate action by the states; the Federal Government; national, state, and local organizations concerned with the well-being of children; and individual citizens.

The survey team is especially appreciative of the cooperation of the 25 states. The survey took time away from the most important focus of the entire project--services for children.

This executive summary is designed (1) to provide a brief description of the conduct of the project to this point, and (2) to highlight the principal child welfare issues found through the 25-state survey. The detailed discussion and documentation of these findings are contained in Chapter II of this overview and in the 25 state profiles developed from the survey.

PURPOSE AND APPROACH OF THE PROJECT

The primary purpose of the overall three year project is to develop child welfare service delivery system concepts, designs, and methodologies that can be used by all states to improve the efficiency and effectiveness of their present service delivery programs.

The project is scheduled to cover three phases. Phase I is dedicated to a survey of public child welfare programs and management systems in 25 states, an in-depth study of five selected states, and the development of a conceptual design for child welfare service delivery and supporting

system components. Phase II will include detailed design of system components and technical assistance to selected states in implementation of components. Phase III will see the finalization of all necessary service delivery system component designs as well as continued technical assistance to participating states.

BACKGROUND

The motivation for the survey and the project came from Children's Bureau's recognition of many changes that had occurred. A number of federal actions directed to improve the administration of assistance payments and social services has resulted in significant changes in the organization and delivery of child welfare services, particularly in state and local public welfare agencies. When combined with reorganization of the Children's Bureau and reassignment of its responsibilities for leadership, these changes in service delivery have resulted in diffusion of authority for children's services at the federal, state, and local levels. Some child welfare leaders have expressed concern that it is increasingly difficult even to identify responsibility for the service delivery system at state and local levels.

Against this background of rapid change in responsibility for, and organization of, child welfare service delivery systems, the Children's Bureau, Office of Child Development, DHEW, contracted with PMM&Co. / CWLA to study present service delivery systems in accordance with the purpose outlined above. The project is managed under the direction of the National Center for Child Advocacy of the Children's Bureau.

TASKS LEADING TO DEVELOPMENT OF OVERVIEW

The first major project task was a survey of child welfare service delivery systems in 25 states (identified in Chapter I of this overview). The purpose of the survey was to identify major issues in child welfare services as well as the strengths, weaknesses, and exemplary features of the systems surveyed. This information is necessary for selection of states for in-depth review and for the conceptual design of delivery system components. The 25 survey states were not selected to be statistically representative of the status of child welfare nationwide.

In selecting the 25 states for the initial survey, consideration was given to:

- . the administrative structure of the states;

- previous PMM&Co. /CWLA experience and knowledge of state systems;
- regional distribution; and
- OCD regional and the project Advisory Committee recommendations.

Required data were obtained from an advance questionnaire as well as a series of structured interview guides used in direct personal interviews with key state, county, voluntary agency, and court representatives in each of the 25 survey states. Pertinent supporting documentation from the individual states was also reviewed. Two-person teams, comprised of a PMM&Co. consultant with management systems background and a CWLA consultant with experience in child welfare programs, made site visits of four person-days to each site. (Los Angeles County and New York City were visited for an additional two person-days each, over and above time spent on site visits in California and New York State.)

Upon completion of the on-site survey, PMM&Co. /CWLA consultants completed a written profile for each of the states surveyed. The profiles addressed the survey team findings as they relate to each of the system components developed by PMM&Co. /CWLA to describe conceptually the major aspects of a child welfare service delivery system.

The profiles also highlighted strengths, weaknesses, and exemplary features of each state's system. The 25 profiles constitute the data source for this overview. These profiles, or summary state reports, represent about 1,000 pages of information which is supported by a large quantity of state documents and completed survey questionnaires in the project files. Each has been reviewed in draft form by the individual state it describes and by OCD. The final version incorporates all substantive comments and corrections. A copy of each profile has been delivered to the respective state, OCD, and the CWLA library for future reference.

LIMITATIONS OF THE OVERVIEW

This overview report presents a "snapshot" of child welfare service delivery systems in 25 states; it lacks the detail and verification of an in-depth study. The overview in some ways is a by-product of the main thrust of the three-year project which is to design improved service delivery concepts and detailed designs and to provide states with implementation assistance.

Accordingly, it is noteworthy that states were selected to represent different approaches and settings for service delivery rather than for their statistical representativeness. It is interesting to note that these states represent about 70 percent of the nation's child population. The major limitation of this survey is the level of information which could be secured in four person-days on site in each state, usually at the state capitol. The survey teams' assessments were based upon this information, supplemented by state written materials and an advance questionnaire, combined with state level personnel perceptions of the delivery system, and the team members' professional judgment based upon their knowledge of relevant, sound management and program principles and practice.

Recommendations for improvements are not presented. These will be reflected in the conceptual designs of improved delivery systems, a future major task in the project.

ORGANIZATION OF OVERVIEW

This overview of the 25-state survey primarily utilizes data derived from the profiles; it identifies and discusses the major findings relating to each of the system components described in the state profiles. By cross referencing system components to individual survey states, PMM&Co. /CWLA were able to develop a national picture of attitudes, activities, strengths, weaknesses, and exemplary features in the delivery of child welfare services. In addition to this executive summary which highlights key issues found in the survey, the remaining three sections of the overview are as follows:

- Chapter I: "Introduction"--describes in more detail the status of the project and the process used to arrive at the overview.
- Chapter II: "Status of Child Welfare"--discusses major findings of the 25-state survey in terms of components of a child welfare services delivery system.
- Appendix A: "Cluster Analysis"--describes the characteristics of five clusters of the 25 states.

The remainder of the executive summary presents child welfare system issues identified through analysis of the survey findings and organized by system component.

ISSUES AND KEY FINDINGS

Any overview of the status of public child welfare services must recognize that there exists significant unevenness among the states in their development of delivery systems. While many strengths and exemplary features of delivery systems were identified, no one state was found to have an exemplary total delivery system. This unevenness of development is considered to have important implications for overall service delivery because of the interactions of the many components of delivery systems. Thus, one state with an innovative client delivery approach lacks the information systems necessary to support the organization. This results in excessive paperwork for social workers, which reduces their time available for client service.

The fact that conditions are continually changing is a second overall factor to be recognized in considering services for children delivered in a government setting. While this study found the delivery of public child welfare services to have changed vastly over the past five to six years, this change was matched by and was a part of sweeping changes in the organization and delivery of all public social services. These changes were for the most part made by states and local governments in response to federal legislation and regulations, and the reality of federal funding for specified services. The most important impacts appear to have resulted from the DHEW mandated separation of service from assistance payments in January 1972 and the requirement that there be a single organizational unit for all social services, including child welfare services. More recently, passage of Title XX, the Social Service Amendment, has already impacted child welfare delivery in a major way. There can be no question but that the Federal Government is the major single influence on changes in public child welfare service delivery systems.

The second most important change agent has been state-initiated reorganizations and other management and program initiatives and priorities. In some cases, this has created difficulties; in others, it has been advantageous. For example, in one state, a child welfare unit which is a part of a department of public welfare, and which has become part of an umbrella agency, is required to utilize a Management-by-Objective (MBO) approach to planning, receives data processing services from a central agency unit, and is merged with all social services in developing Title XX plans and determining eligibility.

The overall findings of the survey are quite sobering when viewed from the perspective of importance of services for children. Some years ago child welfare was considered by many to be the elite among

social services. A high level of professionalism prevailed. Strong leadership was evidenced at federal, state, and local levels and from the voluntary sector. Eligibility for services was based on need for the service without regard to income or other restrictive criteria. A significant level of funding existed relative to the perceived need.

The following paragraphs summarize a number of the more important issues found in the survey.

Child Welfare in Competition with Other Services

The survey found child welfare services to be faring relatively well as compared to developments in other services, especially as manifested in financing and personnel. To a large degree, this positive relative position was found to be associated with the leadership within state agencies of persons with child welfare experience. These individuals recognize the importance of child welfare services and have been influential in providing for balanced services within the state, to the extent of the financing available.

This top level commitment has become particularly important in a changing environment in which other constituencies and lobby groups have pressed for additional services. For example, in the face of relatively limited increases in funding, pressures from groups such as those representing the aging or the mentally retarded have precipitated possible cutbacks in child welfare services. Other pressures for priority decisions have arisen from rising costs, especially personnel costs. In at least one state, for example, a state funding ceiling combined with a union contract for regular salary increases has resulted in staff cutbacks to keep the department within budget.

The survey team expresses concern about the future of the relative position of child welfare that must depend upon the promotion of individuals with child welfare background to top level positions. This is especially relevant in states in which child welfare programs are fully merged with other social services. In a number of the states, at the state level, there is neither a child welfare unit nor an individual designated to be in charge of child welfare. In most states, there are no longer child welfare positions as such.

With these changes in organization and specialization, the question must be asked: Where will the next generation of public child welfare leaders come from?

In saying that child welfare is faring relatively well, it is important to note that the survey team found that funds were generally considered to be inadequate to finance a balanced, comprehensive, statewide

program which emphasizes services that prevent separation of children and their families.

Scope of Child Welfare Services and Clients

The 25-state survey found that the term "child welfare" in the current environment in most states is not uniformly defined. While most of the traditional child welfare services are provided, they are not always considered to be child welfare. For example, day care is usually separated from child welfare and may be provided by a family services unit. Some services such as day treatment or residential treatment may be provided by a mental health agency. Services for children in their own homes or homemaker services may be provided in a family services unit. Services for protection or child abuse may be set up as separate units.

On the other hand, services for children and youth involved with the courts are increasingly being provided by the public child welfare agency. Examples are services to status offenders or children in need of supervision (CHINS), social services and probation for the courts, and--in several states--intake for juvenile courts.

The survey team concluded that a more descriptive term for child welfare services would be: Social Services for Children, Youth, and Their Families.

Organization

Child welfare services are not always organizationally visible. Some states have no child welfare unit as such or have no individual who is responsible for child welfare. Such a lack interferes with the person-to-person process involved in planning and negotiating for resource considerations.

Child welfare was found to be administered within three different settings, as follows:

- . nine states in state umbrella agencies;
- . thirteen states in welfare departments; and
- . three states in separate child welfare divisions.

In general, umbrella agencies were found unsatisfactory as a setting for child welfare because organizational complexity tended to remove

child welfare from decision making levels, management service providers, and priority setting elements in the organization. It is possible, however, that this may occur to any relatively small program when it is merged into a large umbrella agency.

The placement of child welfare in welfare department settings was found to be generally more satisfactory. However, the current organizational placement of child welfare programs has been strongly influenced by federal mandates to combine all social services into a single organizational unit, following separation of social services from public assistance programs.

The free-standing child welfare units in three states were able to concentrate on services for children, youth, and their families. These states were satisfied with their organizational arrangements but problems were reported in relationships with separate public welfare agencies, especially if those agencies have Title XX responsibility.

The survey classified 15 of the states as state administered and 10 as locally administered. (This ratio is about the same for all 50 states.) The survey found that the state/local designation was not adequately descriptive. There is actually a range of administrative forms in a continuum from strongly state administered to strongly locally administered. For example, some states provide services directly in locally administered states or substantial local funds and programs may be provided in a state system. Most state administered programs maintain a local county office or presence in each county of a state.

Local offices in locally administered states demonstrate a diversity of practices and autonomy. Most importantly, this affects the statewide level and quantity of services provided. It also has an impact on the data that are produced for state and federal reports.

Three population concentrations generally receive somewhat different approaches to organizing services:

- . major metropolitan areas;
- . middle-sized counties; and
- . sparsely populated areas.

Considerable efforts have gone into organizing service delivery in the first two groupings, which involve the majority of the children, with mixed success. The states generally report they have been less effective in planning for the sparsely populated areas, although the survey found exemplary approaches to these areas in at least two states.

Exemplary Features

One important emphasis of the survey was the search for exemplary features. These features, when evaluated further, will be candidates for transfer to other states and as elements of the conceptual design of child welfare service delivery systems. When exemplary features are missing, the project will focus upon design of new features in subsequent steps.

Of a total of 177 exemplary elements identified in the survey and listed in the appendix of this overview, more than half were in service (74) and program mobilization (20), the two major "programmatic" features. The next ranking areas were in "management" features: administrative reporting (14) and organization (13). It is noteworthy that the majority of the exemplary elements were identified in programmatic rather than in management features.

Illustrations of exemplary features included a wide range of programmatic developments such as subsidized adoptions, legal services for local offices and clients, 24-hour emergency services, community based services for delinquents, practice guidelines, child abuse information campaigns, runaway network, four-level foster care, services to juvenile courts, decentralized organization of field teams to deliver services, and a government sponsored advocacy unit. Exemplary management features are illustrated by the following: automated child welfare information systems, management-by-objectives concept of program planning, statistical sampling to gather case data for reports, service effectiveness/workload inventory systems, contract monitoring system, social service consumer surveys, and area organizations for service delivery in sparsely populated areas.

No exemplary features were identified for the following elements: support function organization, needs assessment, financial accounting and reporting, facility administration, client reception, evaluation, worker training programs, and workload measurement.

Competence of Personnel

In theory, the combination of child and family services brought about by federal mandate is sound and, in the long term, may prove to be beneficial to service delivery. However, the merger has in many states resulted in merged caseloads and generalized assignments for all social services workers. This has diffused the time of experienced and trained child welfare staff which, unfortunately, has not been replaced by others with equivalent background or training.

Educational and experiential criteria for child welfare personnel have been reduced or eliminated. Special civil service classifications for child

welfare are now infrequent. Minimally trained personnel enter the system and are rarely provided with appropriate inservice training or staff development. Frustration and low morale, born of inability to meet the demands of difficult and complicated tasks, contribute to high personnel turnover. Program specialists, consultation, and skilled and appropriate supervision have been reduced. As a result, available resources and proven techniques of helping children and their families are poorly utilized.

A serious gap identified by the survey is the almost total absence of training programs specifically directed toward workers serving children and their families. Most available training is focused on generic social services or on implementation of policies and procedures.

Financing and the Economy

Financing for child welfare services was generally considered inadequate to meet identified needs. For most of the states surveyed, available funds can meaningfully address only the needs of Title XX eligible children and not the needs of all children in a state. For the first time in many states, income eligibility is being assessed before child welfare services are provided. Financing level was observed to have a major impact on almost all of the other components of the system. For example, hiring freezes have been imposed in many states and studies are being made in two states to determine where major cuts will be made.

In other states, it was found that new program starts have been deferred, caseloads are growing, and children are remaining in care longer. It was observed that more children from formerly middle income but unemployed families are appearing for service.

The survey found that many states were impacted by the downturn in the economy. States with higher than average unemployment were found more likely to be constrained by reduced revenues, increased public assistance costs, and higher child welfare caseloads as prolonged unemployment appears to have a disintegrating impact on family structure.

Information on sources of revenues and expenditures for child welfare services was not consistently available among the states. It is also noteworthy that most states do not have the program and expenditure data to produce cost per unit of service, an important data element for planning and budgeting.

Title IV-B federal funds contribute five percent or less of the total funding for all but three of the states. The most important federal funding source is Title XX; the second most important is Title IV-A

(for AFDC - foster care). Based upon the data reported, state government financing appears to be relatively more significant in state-administered systems than in those which are locally administered. It is noteworthy that several state-administered systems encourage local financing at the option of the locality.

Advocacy for Child Welfare

The survey found that, for the most part, advocacy related to services for children and their families is fragmented among groups, many of whom are interested only in a specific service to the exclusion of others. Thus, spokespersons for day care, services for the mentally retarded, or for voluntary sector institutions appear to be better organized and more effective than groups that are concerned with overall child welfare, if they exist at all.

Recent federal policies requiring local planning and public scrutiny as a condition for funding coupled with ceilings on funding levels have highlighted the competitiveness of various groups advocating special services. Philosophies, goals, values and priorities vary. In such an environment, funding tends to go to the best organized or most vocal group. Unbalanced service delivery may result, with glamorous or highly visible or currently popular programs attracting a disproportionate share of the resources.

Management Services

Considerable progress has been made, or is being made, in about half the states to develop improved automated systems to process and produce needed information. Gaps in data required for federal reports, especially Title XX reports, are receiving priority attention in the states because of the link with funding. These information gaps are especially significant at the state level in locally administered systems. In addition, other information gaps exist for planning, budgeting, controlling, assessing needs for, and evaluating child welfare services.

Most child welfare programs receive their management services from other units of the departments to which they are attached. The survey reported the following personnel administration findings:

- . recruiting efforts are generally inadequate;
- . employing practices deter many competent job candidates;
- . . child welfare salaries are not always competitive;

- . performance and workload standards are not widely used;
- . unionization is increasing and has both constructive and detrimental impacts on child welfare service delivery; and
- . civil service systems were viewed as problems.

Within the area of financial budgeting, the survey reports the following:

- . both program budgets and line-item budgets are used, according to the pattern which exists in each state;
- . although advanced programming and budgeting techniques were in use by some high-level state administrations, they are applied to child welfare programs in only a few states;
- . in many states there are sound procedures for participation in budget formulation by most levels of the agency;
- . budget formulation in locally administered states was viewed as a more difficult task because the state office must wait until local governments plan their expenditures; and
- . multiyear budgeting was viewed as having both positive and negative impacts.

Use of purchase of service arrangements ranged widely in the states and large local governments but purchase appears to be increasing and government is increasingly involved with the private sector. The range of purchase arrangements is affected by the traditional role of private agencies, the availability of private sector resources, and the adequacy of staffing and funding. In many states, purchase policies and procedures are not well documented. As a result, voluntary agencies contacted in the survey were critical of many purchase procedures and especially of the lack of uniform statewide practices.

Almost all states have formulated plans for maintenance and periodic surveys of child welfare institutions for both client monitoring and safety or related standards conformance. Monitoring responsibilities were defined and documented in at least half of the states. However, concepts of monitoring vary widely from those recognized in the management sciences; some states simply term monitoring a supervisory function. The lack of performance standards and schedules against which to monitor is almost universal.

One issue that child welfare shares with other programs is the lack of interchange and cooperation between program service and management service personnel. This lack tends to result in the provision of management services that do not always meet program needs. The survey also found that, in some of the many recent reorganizations, individuals with management backgrounds have been appointed to key positions. In those instances where the child welfare program has fared poorly in the reorganization, the tendency has been to associate the development with all management approaches rather than assessing the local situation. On the other hand, new management personnel facing serious budget deficits may make quick or poor decisions. Both these instances tend to separate program and management personnel.

Another management issue raised by child welfare program staff is concern for impact of the increasing paperwork demands of accountability requirements. They view the demands on worker time as exorbitant, especially when these demands take time needed to deal with increasing caseloads.

Planning, Needs Assessment, and Evaluation

For the most part, planning for child welfare is merged with Title XX planning in all the states and is conducted principally at the state level. Because of federal mandates in Title XX, many states are establishing planning mechanisms and a process for participation by consumers and citizens. Several states have established special Title XX planning units to devote time to produce improved Title XX plans. Even before Title XX, most states required annual plans but the emphasis was usually placed on budgeting or resource provisions rather than gathering information, analyzing data, and determining program/service objectives and limited goals. Several states admitted that broader involvement, particularly of the voluntary sector, would provide better understanding and support.

Most states indicated the planning process is hampered by a lack of information and research on which to base either current or future projections.

Few states engage in organized needs assessment. Until Title XX, little attention was given to this topic. Most states use informal processes for assessing need for services and, since there is no uniform system for delivery of services, states are dependent on the collective wisdom and experience of staff.

Even when needs assessment is attempted, it is most frequently pursued in connection with special services or specific problems, not for all of child welfare. Lack of information about volume and costs of services hinders any assessment of need. Lack of awareness of what information is required sometimes resulted in little use of available information. "Fads" or visibility of need also affects needs assessment. Since "hard services," such as day care, are more easily understood, they are likely to receive more attention.

Most states recognize the importance of needs assessment but do not give it high priority because of their inability to meet currently identified needs.

Although the need for service evaluation was expressed in most of the states, one-half of the states lack any kind of formalized service evaluation program, and service evaluation is not consistently defined. In addition, independent verification is not adhered to by all states; some states allow caseworkers to set their own case objectives and then evaluate whether the objectives have been achieved.

Development of evaluation systems is not viewed as a priority by most of the states. In addition to the technical problems which are unresolved, lack of funding is another important constraint.

The information digested in this executive summary is more fully described in the overview report in the following pages.

I. INTRODUCTION

This overview presents a summary of the major findings of a 25-state survey of child welfare service delivery systems, as studied by Peat, Marwick, Mitchell & Co. (PMM&Co.) in association with the Child Welfare League of America (CWLA) during the period of November 1975 through February 1976. The 25-state survey (which is described later in this chapter) represents the initial major task undertaken of a three-year project contracted and financed by the Office of Child Development (OCD), Children's Bureau.

The initial products of the survey were 25 state profiles; these were analyzed for the strengths, weaknesses, and exemplary features of their delivery systems as well as to identify major issues in state child welfare agencies. The findings that grew out of the analysis form the basis of this overview.

The overview includes a description of the child welfare delivery systems project up to this point (Chapter I), a discussion of the status of child welfare systems as reported by the survey (Chapter II), and an analysis of delivery system characteristics by clustered states (Appendix A).

PURPOSE OF THE PROJECT

The overall goal of the project is to develop tools that can be used by all states to increase the efficiency of their operation of child welfare service delivery programs, improve interrelationships and interfaces with other programs, and ultimately improve the delivery of services to children. More specifically, the objectives of this contract are:

- To obtain, analyze, and document information about existing child welfare service delivery systems in several states and other jurisdictions administering public social service programs;
- To develop a set of child welfare service delivery systems that are based on and contain components of the most exemplary systems currently operating. These systems shall be compatible but tailored in size and complexity to the different environments that exist; and

- . To assist states, at their request, to implement with appropriate adaptations the system most appropriate for improving their child welfare services.

This project is being launched at a time when concern is expressed by many leaders in the field that public child welfare services are in serious trouble. It is believed that the generally high standards of public child welfare services have been eroded over the past few years by a series of legislative and monetary problems. These problems are discussed in more detail under "Background."

BACKGROUND

The administration of child welfare services has been a subject of growing concern during recent years. Organizations such as the Child Welfare League of America, the American Public Welfare Association, and the National Council of State Committees for Children and Youth have been receiving reports about the problems as they were occurring and have alerted their memberships to the information on a state-by-state basis, informally, without having an overview of the national situation. These and other organizations have called attention to the reported deterioration in the quality of service, the seeming lack of direction and planning, the many reorganizations of service delivery, and the loss of identity of child welfare services in large human service organizations.

In 1974, CWLA made a study in eleven states of the AFDC foster care program and collected first-hand information on the administration of child welfare services in those states. The findings essentially corroborated many of the earlier reports of disorganization. The study documented the main influences and their effect on child welfare programming.

For many years, lack of coordination between child welfare services and other public social services, the seemingly special treatment received by child welfare, and a lack of understanding of these services led to renewed efforts to solve these problems. These efforts took place nationwide and reflected concern for improving services for AFDC families and other public assistance recipients.

The first effort was the change in status of the federal Children's Bureau which removed it from an administrative role with the state agencies. The Children's Bureau's former assistance in program planning and annual budgeting of federal child welfare services funds (now

Title IV-B) had been a joint federal-state effort focused on an integrated and comprehensive public child welfare program that included review of program operation in a previous year and planning and development in the ensuing year. The CWLA study reported a lack of such annual planning.

A second influence was the DHEW-mandated separation of service from assistance payments in January 1972 and the establishment of a separate service system. As a consequence of another requirement, the single organizational service unit, child welfare services programs were rearranged. A combined service operation merged child welfare personnel with staff from the public assistance division who, in many instances, had little background or training for their new social service responsibilities. In some states, the CWLA study found this resulted in reduced staff and responsibilities for child welfare services or even the disappearance of child welfare administrative structures. Differences were also reported in service approaches between the children's services and other services.

Another influence, a parallel development, was the increasing development in states and local governments of human resource administrations--large umbrella organizations designed to bring simplification and greater efficiency of administration to health, welfare, rehabilitation, and other services. In many of these new structures, child welfare agencies were reported to have lost independence, identity, and sometimes their basic functions by transfer to other departments. Multiple reorganizations in short periods of time have resulted in reassignment of service staff to nonservice functions, transfers to new locations, and a large number of resignations and retirements. Bureaus of child welfare and offices of children's services were abolished as units in many states.

The last influence noted by the CWLA study was the ceiling placed on the total amount of federal funds for social services. The amount was below the current rate of expenditures by many of the states. It is reported that services have been reduced or their implementation postponed. It was observed that child welfare has become increasingly a part of the federal-state program of social services for the indigent.

The overall results of the CWLA study indicated much dissatisfaction in the states about the current disorganization of public child welfare services. Both new and experienced staff indicate that they would respond positively to any effort to assist in redeveloping policy, organization, and delivery of child welfare services.

Against this background of rapid change in responsibility for and organization of child welfare service delivery, the Office of Child Development (OCD), Children's Bureau, Department of Health, Education, and Welfare, has contracted with PMM&Co. /CWLA to study current child welfare service delivery programs and management systems and ultimately to develop a conceptual design for a delivery system composed of management and programmatic components that will have the capability for potential transfer to all of the 50 states, depending on their needs and interests.

PROJECT SUMMARY

Three Phases

Phase I of the study (the first fifteen months) includes this 25-state survey of current child welfare service delivery programs and management systems, as well as the development of this overview report and the conduct of indepth studies of five selected states. Phase I will culminate in the development of the conceptual design of child welfare service delivery systems.

Phase II, which is 12 months long, will be initiated by the contractor working directly with selected states in which detailed design of components of the system will be developed. Implementation assistance will be provided to these states by PMM&Co. /CWLA and by grants from OCD for the acquisition of additional state staff personnel. Implementation guidance material will be developed for transferring system components to all 50 states.

During Phase III, which is the final year of the project, PMM&Co. and CWLA will provide implementation assistance to a total of ten states.

Advisory Committee

The following people serve in an advisory capacity to the project:

Charles Bates, Commissioner, Westchester County Department of Social Services, White Plains, New York

Barbara Blum, Assistant Executive Director, Board of Social Welfare, New York, New York

Fred Delliquadri, Dean, School of Social Work, University of
Alabama, Tuscaloosa, Alabama

Gordon Johnson, Director, Bureau of Child Welfare, Pennsylvania
Department of Public Welfare, Harrisburg, Pennsylvania

Frank Newgent, Administrator, Division of Family Services,
Wisconsin Department of Health and Social Services, Madison,
Wisconsin

T. M. Farham, Acting Commissioner, Department of Human
Resources, Atlanta, Georgia

Edward Weaver, Executive Director, American Public Welfare
Association, Washington, D. C.

The Advisory Committee's charge is to review and comment on
PMM&Co./CWLA proposed approaches, concepts, methodologies, and
designs and to recommend possible variations and/or changes.

SURVEY OF TWENTY-FIVE STATES

The first major step taken by PMM&Co./CWLA to address the
project objectives previously noted was to undertake a survey of child
welfare service delivery systems across the country. Specifically,
25 states were selected for the variable nature and mechanisms of
service delivery they effect, as well as for potential unique delivery
features that might be identified as candidates for transfer to other
states.

The states selected and reviewed during the survey were:

California	North Dakota
Colorado	Oklahoma
Connecticut	Oregon
Georgia	Pennsylvania
Illinois	Rhode Island
Iowa	Tennessee
Louisiana	Texas
Massachusetts	Utah
Michigan	Virginia
Minnesota	Washington
Missouri	West Virginia
New York	Wisconsin
North Carolina	

The general conceptual design of the survey centered around 18 components (shown in Figure I-1) which PMM&Co./CWLA envisioned as the basic elements of a child welfare service delivery system. The survey interview guides, for profiles for each state and the analysis of the profiles, and the survey findings summarized in this overview were all structured around these components.

Rationale for Sample Selection

In selecting the 25 states for the initial survey, PMM&Co./CWLA considered (1) the administrative structure of the states, characterizing them as either predominantly state administered or predominantly locally administered, (2) previous PMM&Co./CWLA experience and knowledge of states known or suspected to have strong or exemplary systems, (3) appropriate state regional distribution and selection, and (4) recommendations by both OCD regional personnel and our advisory committee.

Survey Methodology

PMM&Co./CWLA obtained required data from an advance questionnaire responded to by all but one of the 25 selected states and formal interviews, depending upon availability, with the following types of personnel:

- . the commissioner of the state agency providing child welfare services;
- . the chief of social services;
- . the program director(s) of child welfare services;
- . the director of management support services;
- . regional and local child welfare officials; and
- . voluntary and private associations, federations, and key agency officials and court representatives.

In addition, wherever possible, pertinent documents were reviewed both on site and at the PMM&Co./CWLA office facilities. Figure I-2 illustrates the key survey activities identified and undertaken by PMM&Co./CWLA.

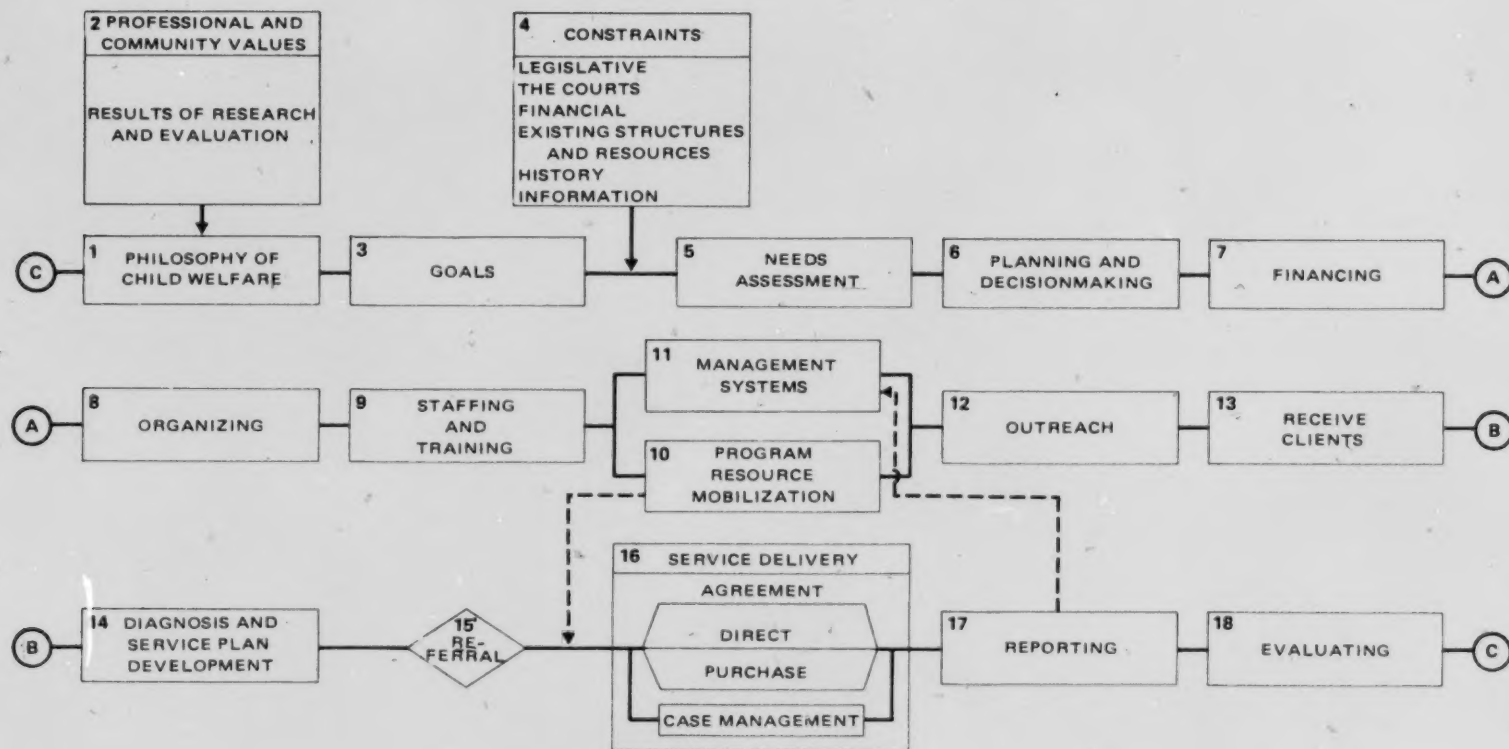


FIGURE I.1: OVERVIEW OF COMPONENTS OF A THEORETICAL CHILD WELFARE SERVICE DELIVERY SYSTEM

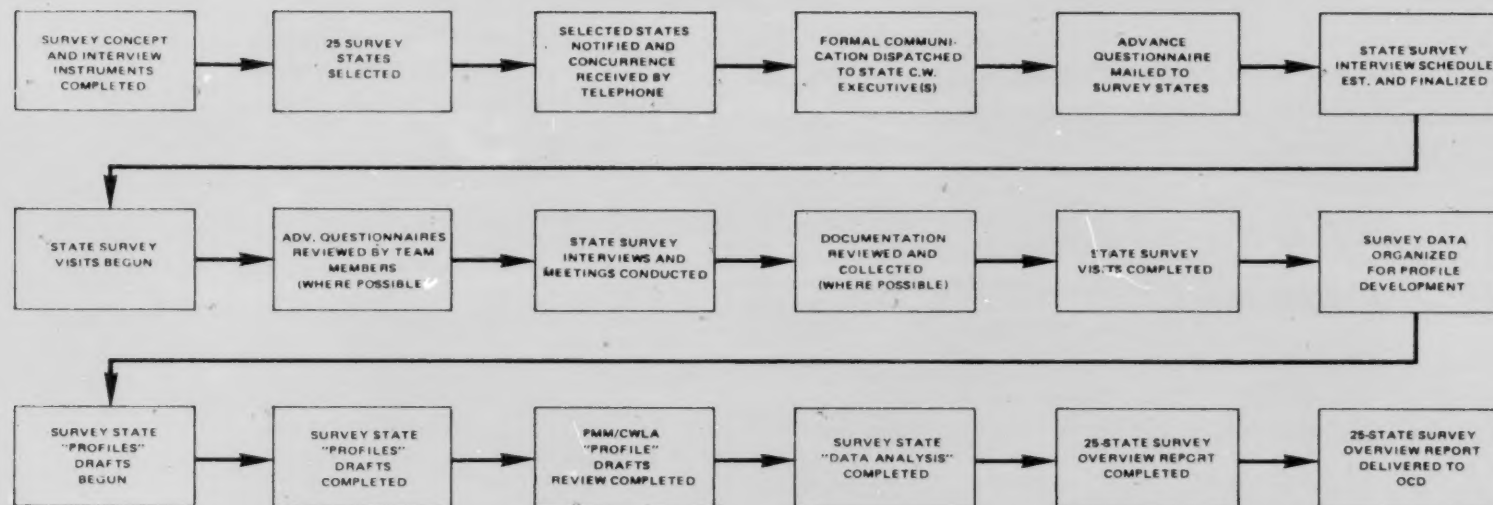


FIGURE I.2: 25-STATE SURVEY ACTIVITY FLOW

Pilot Test

PMM&Co./CWLA selected the states of Michigan and Georgia to serve as pilot test sites. These states were also included as part of the overall 25 states selected for participation in the survey. The pilot test activity was developed by PMM&Co./CWLA primarily to test our survey instruments, determine the validity of our schedule structure and arrangements, and assess the reaction of state representatives to the primary concept and objectives of the survey as well as their interest and capability of responding to our structured questionnaires. (The instruments used in the survey are discussed in more detail below.)

The pilot test states provided information that dictated minor changes to the survey instruments. In addition, state personnel reactions indicated a favorable acceptance of the survey premise, primarily reflected by their individual responsiveness and cooperation with PMM&Co./CWLA team members.

Description of Survey Instruments

The following is a brief description of the survey instruments employed by PMM&Co./CWLA to conduct the 25-state survey. These instruments were reviewed by the Office of Management and Budget (OMB) and approved (OMB No. 85-S-76003, to expire January 1977).

An advance questionnaire was sent to designated state child welfare officials for completion before the PMM&Co./CWLA survey team site visit. The questionnaire provided for the compilation of a variety of objective data about various facets of information pertaining to and describing the child welfare service delivery system in each of the selected states. Data in the following areas were requested in the advance questionnaire:

- . basic demographic and economic data;
- . the legal basis for child welfare services;
- . a list of services considered to be child welfare;
- . identification of services provided and/or purchased by public agencies;

- . caseload trends;
- . financing;
- . staffing; and
- . organization.

The questionnaire also asked the state to supply a copy of its fiscal year 1976 Title XX state plan.

Interview guidelines were developed which contained general questions to clarify data contained in the advance questionnaire and to obtain additional information. The planned interviews with state department and child welfare officials were structured around the guidelines to ensure coverage of all desired information. The guidelines also were designed to secure information and/or attitudes about the state's child welfare system; its strengths, weaknesses, and constraints; and their impact on the services delivered. Many of the questions were included in more than one of the interview guidelines in order to achieve as broad a perspective as possible within the limited time available.

Guidelines were prepared for interviews with persons in the following state organizational positions;

- . commissioner(s) of the state agency;
- . chief(s) of social services;
- . director(s) of child welfare services; and
- . director(s) of management services.

Group interview guidelines were prepared for use in collecting data during personal interviews with two groups of child welfare personnel:

- . public, regional, and local agency personnel directly involved in aspects of the child welfare service delivery system; and

voluntary and private organizations as well as court representatives.

The guidelines served to structure the interviews and ensure coverage and consistency of all required information items. They contained some of the same questions as those for individual interviews with the state officials to secure information and/or attitudes about a state's child welfare system from a delivery level perspective.

PMM&Co. / CWLA also developed an information requirements matrix that cross-referenced information from the interview guidelines and advance questionnaire to applicable child welfare service delivery issues. The issues served as a focal point for the development of interview questions. The matrix served as a planning tool for PMM&Co. / CWLA survey team members in organizing the state personnel interviews.

Staffing and Schedule

Four teams consisting of two, and sometimes three, consultants each were assigned to undertake the survey state on-site reviews, corresponding data collection, and assessment. Each team consisted of at least one PMM&Co. consultant with a management systems background and capability, and a CWLA consultant experienced in child welfare services and programs. A budget of ten person-days was established for each state. This included four person-days on site per state, with the exception of California and New York. In these two states, we budgeted an extra four person-days each on site to spend time in Los Angeles County and New York City.

Orientation of Survey Teams

After the pilot tests were conducted and the survey instruments revised, all members of the survey teams participated in a two-day orientation session. During this session, the teams were familiarized with the project, the survey methodology, the survey instruments, and the pilot test findings. The teams were also instructed about the profile format and provided a sample profile developed as part of the pilot tests.

Since the survey teams were composed of a PMM&Co. "management systems" member and a CWLA "child welfare services and

program" member, the actual assessment of the child welfare system in a state was based upon the professional judgment of whichever team member was covering that area, combined with state perceptions. However, in order to provide a consistent frame of reference for all the states surveyed, during the orientation session the teams together developed a series of questions for each component which represented considerations important in making an overall assessment. For example, the following considerations represent questions a team member would ask himself or herself when reviewing the needs assessment process in a state:

Does the organization designate staff to conduct and/or coordinate needs assessment activities?

Does the organization have current reports and documents reflecting the need for child welfare services?

Are the needs assessment materials used for planning and decision making?

Does the needs assessment provide a basis for meeting state needs?

Similar considerations were developed to structure the assessment of each component of a child welfare system.

DEVELOPMENT OF PROFILES FOR 25 STATES

Upon completion of site visits for the 25-state survey, PMM&Co. / CWLA personnel developed a written profile for each of the states, which described the child welfare system in the state. The individual profiles address each of the components (see Figure I-1) initially developed by PMM&Co. / CWLA to describe in general conceptual terms the major components of a child welfare service delivery system. This component framework serves as the basis for comparison of child welfare information from the survey states, which is discussed in this overview.

Each component of the child welfare system in the state was described by the survey team member who reviewed and assessed the related discipline. For example, the PMM&Co. team member

described the financing, organizing, and management systems components, while the CWLA team member described program components such as outreach, diagnosis and service plan development, and service delivery components.

The information requirements matrix, mentioned earlier as an instrument developed for the survey, served as a tool to the survey team while preparing the state profiles by correlating the various parts of the advance questionnaire and interview guidelines to the child welfare system components.

The 25 profiles, related documents obtained from the states, and the completed advance questionnaires and interview guide will serve as tools to PMM&Co. /CWLA during the development of the conceptual design of child welfare service delivery systems. In addition, a copy of each profile has been delivered to the respective state, OCD, and the CWLA library for future reference by interested parties.

ANALYSIS OF PROFILES

The survey teams working together prepared a content analysis by component of the 25 state profiles in order to identify the major issues of child welfare service delivery. The initial analysis included:

- . redefining the system components (see Figure I.1) and the elements comprising each component, based upon knowledge acquired through the survey;
- . identifying strengths, weaknesses, and exemplary features and system constraints by system component and state; and
- . identifying by system component and state the major issues¹ presented in the profile descriptions of the component.

A subsequent composite analysis of these data developed by component and by state resulted in identification of major issues for all

¹ An example of an issue would be the significant impact upon legislative decision making of lobbying by special interest groups; another example would be the lack of available data on cost per child served.

25 states surveyed, as well as tabulation of the number of states in which each issue was identified. These issues and the state tabulations are used throughout the overview.

The procedures described above also allowed an analysis by state characteristics, as briefly presented in Appendix A, "Cluster Analysis," under the heading, "Implication of Factors Used to Cluster States."

OVERVIEW OF CHILD WELFARE IN 25 STATES

This 25-state overview encompasses a comprehensive PMM&Co. / CWLA review of each of the system components as they have been portrayed in the individual state profiles. As described in the preceding section, we have endeavored to identify the "key issues" evolving from each of the system components described in the state profiles in order to structure and portray a national cross-section of attitudes, activities, strengths, weaknesses, and exemplary features pertaining to the delivery of child welfare services. The overview also includes representative definitions for each of the system components as well as a discussion of the cluster analysis methodology employed by PMM&Co. / CWLA to assist in the selection of the five indepth study states. (See Appendix A.)

As in the preparation of the 25 state profiles, the analysis and summary descriptions of components in the overview were prepared by PMM&Co. / CWLA consultants who participated in the 25-state survey and who assessed the program and management areas.

This overview will also serve as a tool during the conceptual design of child welfare service delivery systems. First, the summary of the status of each component as it exists in the 25 states will assist in the identification of features which are advantages or constraints to the efficient functioning of the component.

Second, the cluster analysis appendix of this overview identifies major component implications for a child welfare service delivery system by each of the following clusters: administrative form; relatively large/small state population; and the existence of a separate child welfare department at the state level. These major component implications will also assist in the identification of features which impact, positively or negatively, the efficient functioning of the component.

Finally, the exemplary features contained in the 25 state profiles are summarized in the cluster appendix. These exemplary features will be used during the conceptual design as working examples of efficiently functioning components and are the primary focal points of the indepth studies to be conducted in several of the 25 survey states.

Recommendations for improvements in child welfare systems and the interrelationships of system components will be included in the systems design.

LIMITATIONS

To maintain a proper perspective of the 25-state survey, the following limitations should be noted:

- . Because of budget constraints, a total of four person-days on site was allocated to each state surveyed. Four additional person-days were allocated to New York City and Los Angeles County.
- . Time and budget constraints did not permit a review of child welfare service delivery at the local/county levels.
- . Information derived by PMM&Co. /CWLA personnel during the survey came principally from personal interviews and available documentation in each of the individual survey states. Added to the interviews and documentation review were the experience, knowledge, and professional backgrounds of the PMM&Co. /CWLA personnel conducting the survey.
- . Assessments of each delivery system's component made by survey team members were based upon the amount of information that could be collected in four person-days on site at the state level, the completed advance questionnaire, the perceptions of state personnel, and the judgment of the team member who used his/her general knowledge of program and management standards as a guide.

During the indepth study of the selected states, PMM&Co. /CWLA personnel will have the opportunity to study and review child welfare service delivery at the local/county levels in more detail.

II. STATUS OF CHILD WELFARE

This overview of the status of child welfare service delivery systems in 25 states is based upon information and data derived from the state profiles prepared from November 1975 through February 1976. The overview encompasses a comprehensive review by PMM&Co. / CWLA personnel of each of the system components presented in Figure I-1 in the introduction.

This section of the overview focuses upon selected key issues that evolved from on-site interviews in 25 states, bolstered by documentation review and analysis as they pertain to the delivery system's components. As indicated in the introduction to this report, PMM&Co. / CWLA have structured this section of the overview to portray a national cross-section of attitudes, activities, strengths, weaknesses, and exemplary features as they relate to the delivery of child welfare services.

The discussion of each component follows this general format:

- . title of component;
- . definition of the component by PMM&Co. /CWLA;
- . general observations, when appropriate; and
- . discussion of a series of key issues.

In reviewing this component-by-component approach, the reader should keep in mind that in practice all of the system's components interact and depend upon each other. The effects of changes in one component almost always reverberate among other components.

It is also important to note that more complete information about the features and processes in any state can be found by referring to the profile for that state. (As mentioned in the introduction, a copy of each profile has been delivered to the respective state, OCD, and the CWLA library for future reference.)

A. ADMINISTRATIVE FORM

Administrative form includes those elements of government structure in a state which affect the general ways in which child welfare services are administered and delivered. In this context, administrative form is related to, but not synonymous with, organization, which is concerned more with the internal structure of the child welfare services units as discussed later in this part of the overview.

For a consistent understanding of the concepts being discussed in this overview, certain terms which are used variously in the field are defined as follows:

- . Agency or Umbrella Agency: the highest level state government unit in which five or more types of human services are provided, including social services (example: California State Department of Health).
- . Department: the generalized public assistance/social services unit in a state (example: Massachusetts Department of Public Welfare).
- . Division: the unit administering child welfare services within the generalized public welfare department (examples: Michigan's Office of Children and Youth Services and Oklahoma's Division of Social Services).
- . District Office: the substate administrative/organizational level used by a state as a coordinative body for local offices to assign or allocate resources and/or as an actual service delivery office. The functions of these district offices vary from state to state depending on the administrative form of the state. In some states, district offices serve some or all clients, either in cooperation with, or instead of, a local office. The titles of these district offices also vary and include "area," "region," or other terms.

- . Local Office: the actual service delivery point with which most clients are familiar. Often, this office is at the county level, but a number of states are moving away from maintaining a full-time presence in each county and are seeking to devise local offices based on local catchment area populations (examples: Massachusetts' Community Service Areas and North Dakota's and Illinois' offices).

The major findings of the 25-state survey with regard to administrative form include:

- . Fifteen of the 25 states were classified as state administered and 10 as locally administered (this 3:2 ratio generally holds for all 50 states).
- . Administrative units providing child welfare services varied: 9 states had child welfare services in state umbrella agencies; 13 states, in welfare departments; and 3 states, in separate child welfare divisions.
- . The provision of comprehensive allied and support services (e.g., budgeting, accounting, reporting) was generally acceptable in half the 25 states but problems were reported in many states, especially those within the Department of Public Welfare setting.
- . Half the states surveyed used local offices as productive partners in the service delivery process, but half did not. Large states with locally administered programs had the most serious conflicts in local office operations.
- . Most states had district offices which also worked as productive partners in the service delivery process. A few states provided services directly from district offices but most used the offices for coordination and consultation.
- . Population dispersions or densities in a state vary and require different administrative forms to provide service. Generally speaking, service in rural areas was least satisfactory.
- . The designated Title XX agency is responsible for child welfare services in most states. Where it is not, organizational conflicts and lack of coordination were seen.

STATE ADMINISTRATION VERSUS LOCAL ADMINISTRATION

States basically may use either a state-administered system of service delivery, in which authority, responsibility, and financing are essentially state-held powers, or a state-supervised but locally administered system, in which authority, responsibility, and financing are decentralized in several different ways to substate or local jurisdictions. The following listing indicates the dominant form of administration in the 25 survey states:

<u>State Administered</u>	<u>Locally Administered</u>
Connecticut	California
Georgia	Colorado
Illinois	Minnesota
Iowa	New York
Louisiana	North Carolina
Massachusetts	North Dakota
Michigan	Oregon
Missouri	Pennsylvania
Oklahoma	Virginia
Rhode Island	Wisconsin
Tennessee	
Texas	
Utah	
Washington	
West Virginia	

Hypotheses developed prior to the survey did not anticipate the degree to which local offices have autonomy in state-administered systems. Based upon the survey findings, however, it appears that the concept of "pure" state administration or local administration in the truest sense rarely occurs and, in practice, each state adapts one of the two concepts to its own particular needs. Thus, the concept is actually one of a continuum from "classically state-administered" systems on one end to "classically locally administered, state-supervised" systems on the other.

For example, Michigan (and other states) are listed as state administered--and the survey findings concur with this classification -- but it was also clear that counties in Michigan exert considerable influence over state operations of child welfare. Further, some

locally administered states have statewide personnel and merit systems, such as North Carolina, while others have local ones, such as California.

Two of these states (Georgia and Wisconsin) exhibit features of both state and local administration, since their financial support and authority/responsibility systems originate from the two different directions. In addition, Pennsylvania's public assistance program and social services to families are state administered, although its child welfare program is locally administered by separate departments in each county.

State-administered states outnumber locally administered ones by three to two. Although survey results on administrative form identified problems with some state-administered systems, for every locally administered state the survey results were either negative or unclear regarding administrative form. The major advantages of state administration are that it provides for statewide overview, is more flexible, and permits a state/local relationship which will be most effective in each state.

Opponents of local administration view it as less comprehensive, vastly increasing problems of intrastate coordination, cooperation, and information. In many states, this lack of consistency has resulted in unevenness in the availability, quantity, and quality of child welfare services. This is especially true for the more sparsely settled areas of locally administered states, where resource availability and mobilization become difficult problems. Local administration does allow, however, for the unique development of strong local programs even when programs in other counties are weak.

TYPES OF ADMINISTRATIVE UNITS CONTAINING CHILD WELFARE SERVICES

Child welfare services may be administered by (1) a generalized human services umbrella agency, (2) a general public welfare department, or (3) a special child welfare services department at the full state department level.

As was true with the state administration/local administration issue, the survey found that few states exhibited all of the characteristics of any one of the three major administrative types. However, to simplify classification, we categorized each state by the unit which appeared to impact the service delivery process most immediately--which was not necessarily the only administrative unit involved. (In Massachusetts, for example, the Department of Public Welfare is cited, rather than its current umbrella organization, the Executive Office of Human Services.)

<u>Umbrella Agency</u>	<u>Welfare Department</u>	<u>Child Welfare</u>
California	Colorado	Connecticut
Georgia	Iowa	Illinois
Louisiana	Massachusetts	Oregon
North Carolina	Michigan	
Utah	Minnesota	
Virginia	Missouri	
Washington	New York	
Wisconsin	North Dakota	
Pennsylvania	Oklahoma	
	Rhode Island	
	Tennessee	
	Texas	
	West Virginia	

Within each classification, there is a spectrum of administrative control: for example, among the umbrella agency states, the Division of Community Services within Washington's Department of Social and Health Services has little power, while Wisconsin's Division of Family Services has significantly more autonomy in its dealings with its Department of Health and Social Services.

In Pennsylvania, an umbrella agency (the Department of Public Welfare) is charged with providing child welfare services. However, one component of that department, the Office of Children and Youth, actually supervises this function in conjunction with other state agencies and units of the Department of Public Welfare. At the local level, services are provided by separate county departments of child welfare.

The states identified as having freestanding child welfare divisions warrant a brief discussion since each one is unique. Illinois Department of Children and Family Services is responsible for administering most child welfare services, although the Department of Public Aid is the Title XX agency. Thus, the two departments have a written contract which covers the full range of Title XX activities.

In Oregon, the Children's Services Division is a highly autonomous component of the umbrella agency, Department of Human Resources. This division is unique since it maintains a presence in each county, independent of other public assistance or social service activities.

Connecticut's Department of Children and Youth Services, established in 1974, was reorganized on January 1, 1976, and therefore was in a transitory stage during the survey.

In most of the states using the umbrella agency approach, the survey found this approach to be unsatisfactory, since organizational complexity tended to obscure child welfare from decision-making levels, management service providers, and priority setting elements in the organizations. In one state, for example, where child welfare services are administered by an umbrella agency, several hundred service worker jobs are being eliminated because of severe economic conditions. The lack of visibility of the child welfare component could be cited as one cause of this.

In almost all of the states using the general purpose welfare department, the survey found this approach toward organizing services to be generally satisfactory; that is, these departments seemed to function in conformance with accepted program and management principles, and they could provide more consistent and comprehensive services. For example, in many of these states, clients receive child welfare services, public assistance, medical assistance, and/or food stamps in a more integrated fashion.

The survey found that in the states using a freestanding child welfare division, child welfare services are in a preeminent position among the human services. The states in which this approach is being used, and for which sufficient information exists, are able to devote full programmatic attention to providing child welfare services.

ALLIED AND SUPPORT SERVICES

A number of allied and support services and functions, (e. g., budgeting, accounting, reporting and personnel) especially in the area of management services, must be available to facilitate the planning, delivery, and administration of child welfare services. These management services should be inclusive of the full range of management services and should be accessible. (See "Management Services" for a more detailed discussion of this component.)

Although more than half the states did not appear to have difficulties in this area, several states did have difficulties. The states with less inclusive support services and functions were often those states with the general purpose welfare department. Apparently, this is a result of interagency competition and poor communications common to many large-scale operations, including state government. For example, several states' welfare departments had no in-house budgeting, accounting, or reporting capabilities and had to rely on other individual state agencies for this support. Without comprehensive support services, the states cannot effectively plan, deliver, and administer their programs.

EXISTENCE AND USE OF LOCAL OFFICES

Almost all states, both state and locally administered, use local offices in the service delivery process, usually as the specific point for service delivery. The successful operation of these offices is essential to a balanced service delivery system in which the state central office, intermediate offices (if used), and local offices participate as partners in the service delivery process. The area served by these local offices is most often coterminous with county boundaries. Although the county is not totally appropriate as a service delivery area, strong support exists for maintaining this function at the county level by county-based political forces, who do not wish to see their power diminished. (Alternatives to county-level service delivery will be discussed in the "Organization" component of this overview.)

According to the survey, half of the states were observed to have satisfactorily used their local offices as full partners in the service delivery process, while half exhibited problems in this regard. In most instances, states with difficulties were often those with locally

administered systems, where state/local office conflicts over policy and procedure formulation and implementation became quite serious. For example, the survey found instances in large, locally administered systems where significant local policies and procedures were followed in clear contravention to enunciated state policies and procedures.

EXISTENCE AND USE OF INTERMEDIATE LEVEL OFFICES

Both state and locally administered systems may use substate level offices as actual service delivery agents as well as coordinating or resource-providing points in the state-to-local flow of child welfare activities. The successful operation of these offices is essential to a balanced service delivery system, in which the state central office, these intermediate level offices, and local offices participate as partners in the service delivery process.

Intermediate level offices may be termed area, region, or district offices. For the purposes of this report, they will be called district offices to eliminate potential confusion with federal area or regional offices.

Almost all states use district offices in some form, although the states most likely not to have them are the locally administered ones. A few states, especially the more sparsely populated ones (such as North Dakota), use them as actual service delivery points. In most instances, however, district offices coordinate and/or oversee the activities of the local offices in their jurisdiction and provide special program expertise, training, and related resource support to these local offices. They also function to channel communications between the local offices and the state. Examples of states using district offices in these ways include Massachusetts, Tennessee, Oklahoma, and Oregon.

The survey found that most states felt they had satisfactory district office systems. Of those few citing difficulties, the district offices were either being eliminated by the state legislature as a cost-saving measure (such as in Michigan) or were criticized as too powerless or constrained to be of assistance to local offices engaged in actual service delivery.

IMPACT OF POPULATION DISPERSIONS OR DENSITIES

Most states have developed special methods for serving the different population distributions in their states. For example, a state may require special administrative forms for its large cities, medium-sized counties, and sparsely populated rural areas. Each type of population presents special problems.

- . Metropolitan areas contain both massive populations, which require significant amounts of resources to be properly served, and minority groups, which require different service delivery or outreach methodologies.
- . Medium-sized counties are usually more manageable as service units because of lower population and, many times, the existence of other community resources.
- . Sparsely populated areas contain fewer cases, which makes it difficult for substantial resources to be available to all of them. These areas usually make up most of the geographical area of a state.

Since population dispersion has implications for both administrative form and organization, it will be discussed in a general way in this subsection and in more detail in the "Organization" subsection.

Most states in the survey recognize the need for serving the population in sparsely populated areas, but special arrangements appeared satisfactory for only about half the states. These arrangements usually consisted of part-time local offices, supplemented by readily accessible support from district offices. The states with difficulties cited either unsuccessful attempts to provide a range of staff at the local level of sparsely populated areas or a lack of support from state and district offices for local offices in these areas.

The survey reported that almost all states used special arrangements (often consisting of a main administrative office and several decentralized neighborhood offices in areas of high client concentrations). These arrangements were reported by state personnel to function satisfactorily. The same is true for special arrangements for medium-sized counties.

COORDINATION WITH DESIGNATED TITLE XX ORGANIZATION

Because Title XX concerns child welfare services, the child welfare unit should be part of, or directly related to, the designated organization administering Title XX.

According to the survey results, child welfare services are provided by the designated Title XX organization in almost every state. Those few states in which coordination was a specific problem were those which used the special child welfare services division approach to service delivery. Although contracts were established between the special child welfare services division and the larger Title XX organization to provide Title XX services, organizational conflicts and a lack of coordination were sometimes seen to exist between two groups. These conflicts reportedly hampered the development and maintenance of positive interagency working relationships and, by extension, child welfare services themselves.

B. DEMOGRAPHIC AND ECONOMIC ENVIRONMENT

In each of the 25 states, the survey identified and defined those environmental factors considered to have important impacts upon the child welfare service delivery system. Knowledge of demographic characteristics is essential to understanding the individuals and groups to be served by child welfare service delivery systems. Knowledge of the state economy is essential to understanding the ability of a state to pay for services and, to some extent, the financial pressures upon families that may result in more or different types of children coming into the delivery system.

This discussion of demographic and economic environments of the survey states focuses upon a number of overall observations and issues that developed from analyses of the 25 state studies.¹ The major findings in this area include:

- . Operational forces, such as national history and vulnerability to common national problems plus conformance to federal mandates, result in tensions in federal-state relationships and conflict in priorities.
- . Large, diverse, and widely dispersed population groups present logistical problems and frequently require special knowledge and techniques to provide effective service. However, heavily populated states have been able to develop a greater range of services and more sophisticated delivery systems. Voluntary agencies are usually well established and play a stronger role than in sparsely populated states.
- . Urban states tend to have higher levels of concern for human services than the more rural states.

¹The discussion of characteristics in the "Cluster Analysis" appendix includes specific data for each state, such as population, percent receiving AFDC, median family income, and unemployment rates.

- . States with higher than average unemployment are more likely to be constrained by reduced revenues, increased public assistance costs, and higher child welfare caseloads, as prolonged unemployment appears to have a disintegrating impact on family structure.

A more detailed discussion of these findings follows.

STATE-FEDERAL RELATIONS

The extent to which the socioeconomic characteristics of each state are at once unique and similar quite clearly has an impact on establishing the environment in which child welfare services will be planned and delivered. The vagaries of each state's political history, population size and composition, and economic structure tend to make each state unique.

On the other hand, the conformance to the same federal legislation and mandates, the sharing of the same national culture, and the vulnerability to the same nationwide problems (albeit to different degrees) tend to force a somewhat similar environment in states.

The conflict between these two forces has been observed to result in tensions between state and federal priorities. For example, some states voiced the general opinion that in order to fund service delivery, they had to conform to federal priorities rather than their own. These factors influence the complexity of the child welfare services delivery system as efforts are made to meet both state and federal priorities.

IMPACT OF POPULATION SIZE

States with large populations are presented with a series of problems not faced by other states. First, logistical problems of simply providing services to massive populations must be overcome. For example, states such as California, New York, Texas, Pennsylvania, and Illinois have larger populations than most other states, and the large populations are likely to contain more diverse groups, and more members of diverse groups, which require special outreach and service delivery methodologies. However, it is possible that larger

states may be better equipped to handle the caseloads generated by these populations, in that many of them have been able to develop a greater range of available services and more sophisticated service delivery systems. Historically, they appear to have been supported by stronger private sector child welfare service agencies.

Further, according to the survey, larger states have the greatest ranges of available services, including special services for their diverse cultural and ethnic minority groups. In addition, private sector child welfare service agencies appear to be more well-established and to play a stronger rôle in these states, especially at the local level and in the larger cities (New York, Philadelphia, Chicago, Los Angeles).

Advanced service delivery systems, which may include computerized systems, outreach systems, and other elements have currently been implemented in a number of larger states with varying degrees of success. For example, New York City's Child Welfare Information System (CWIS) and Texas' Child Abuse and Neglect Reporting and Inquiry System (CANRIS) are examples of computerized systems which were developed to manage the information generated regarding child welfare. (Examples of outreach systems developed for large populations are discussed in the "Administrative Form" and "Organization" components of this overview report.

URBAN/RURAL STATES

The urban/rural nature of a state can be an important consideration in determining the nature and content of services delivered. Rural states were identified in part by the relatively high percent of the population reported in the 1970 census to be living in places under 2,500 population. In addition, states were classified rural by the survey based upon observations of significant geographic areas that are sparsely populated. It was noted that almost all states have both large population centers as well as sparsely populated areas.

A listing of the states classified to be more urban by the survey, and those classified to be more rural, appears below:

<u>Urban States</u>	<u>Rural States</u>	
California	Colorado	Oklahoma
Connecticut	Georgia	Oregon
Illinois	Iowa	Tennessee
Massachusetts	Louisiana	Texas
Michigan	Minnesota	Utah
New York	Missouri	Virginia
Pennsylvania	North Carolina	Washington
Rhode Island	North Dakota	Wisconsin

States which were classified by the survey to be "urban" appeared more likely to view human service programs in general, and child welfare programs in particular, as important and productive community concerns, and this attitude was often reflected in the degree to which services are available. Urban states also have large and organized interest groups and private service provider agencies which supplement state-provided services.

States classified by the survey to be "rural" did not have the above attributes to the same extent as the urban states did. For instance, the survey validated the perception that in "rural" states more conservative attitudes tend to dominate key groups, such as the legislatures, and human service and child welfare programs do not have as high a priority in the community. Further, issues of serving the sparsely settled areas rather than the more heavily settled areas dominated the actual service delivery process. (Examples of special service delivery methodologies for both urbanized and rural states are discussed in the "Administrative Form" and "Organization" components.)

IMPACT OF UNEMPLOYMENT LEVELS

States with higher than average unemployment are more likely to be constrained by fiscal pressures (resulting from increased demands for public funds and decreased income from tax revenues) and to have higher child welfare caseloads, as prolonged unemployment has a disintegrating impact on family structure.

Two important factors related to employment were observed by the survey. First, as state revenues (taxes) decline, through losses of salaries and sales, state resource depletion accelerates, through increased unemployment compensation expenditures. This simultaneous

increase in resource demand and decrease in resource supply must be balanced by diverting state resources from other state programs. Second, unemployment is viewed as a stress-causing situation in most families, especially in families which have not endured unemployment in the past. This stress may lead to disintegration in families and an increase in the number of children in need of child welfare services.

About half of the states had unemployment rates below the national average during September 1975, when baseline quantitative data were gathered. (See unemployment figures in the "Cluster Analysis" appendix of this overview report.) A comparison of the data displayed in the "Cluster Analysis" appendix shows that, all things being equal, states with lower-than-average unemployment rates also have lower-than-average portions of their populations included in AFDC programs.

IMPACT OF MEDIAN FAMILY INCOME LEVELS

Median family income levels for families of four have been published for all states and are used in reference to income-related fees regarding Title XX services. These figures are presented in the appendix, "Cluster Analysis."

The survey noted several relationships between median family income levels and child welfare programs. First, higher median incomes are often an indication of higher and more stable employment rates or a healthier economy, both of which have impacts on family stability. More stability in the structure of families may often indicate a reduced need for child welfare services. Conversely, lower family incomes suggest higher unemployment levels or a more depressed economy. These factors add to stress within families, which can result in family disintegration and the need for child welfare services by additional numbers of children.

Second, higher family income levels often indicate areas in which the work force is more skilled and educated, and hence more likely to view social welfare programs, including child welfare, as important community concerns. Lower family income levels can be expected to indicate the opposite situations.

Third, areas with higher median incomes are often more capable of supporting a substantial private sector child welfare system, both financially and philosophically. A significant private sector child welfare system can add depth and diversity to good basic programs that are state provided and result in an effective partnership situation.

Observations of the survey and the quantitative data displayed in the "Cluster Analysis" appendix show these three hypotheses to be valid.

IMPACT OF AFDC CASELOADS

AFDC caseloads and child welfare service caseloads may be related, and they may contain many of the same children, but they are rarely coterminous. The AFDC program has traditionally been the social welfare program which contains the most volatile political and public relations issues. Negative aspects of AFDC programs and administration reflect upon other social welfare programs, including child welfare, and result in public mistrust, misunderstanding, and opposition.

AFDC rates, like unemployment rates, serve as indices of fiscal constraints on a state: states with higher AFDC rates are more likely to devote extensive attention and resources to the multifaceted problems associated with public assistance programs, while those with lower rates will not face the same constraints. Because this attention and resource base is a finite one, other areas of public welfare, including child welfare, may be impacted by the portion of resources allocated to AFDC. (However, because of a lack of consistent interstate data, it was not possible to determine if states with higher AFDC rates spent less per child receiving child welfare services.)

AFDC rates for the states involved in this survey appear in the appendix on "Cluster Analysis".

C. PHILOSOPHY AND VALUES

Philosophy refers to the beliefs, concepts, and generally held attitudes of individuals and groups. A value refers to relative worth or degree of excellence. The discussion of values in this overview deals with the relative importance child welfare services have for different groups in the society. The philosophy and values of the legislators, public agency employees, and most of all, the general public provide the broad framework within which child welfare services are planned, financed, and implemented.

Positive child welfare philosophy and values should protect children's rights and support high quality, broad-based services. National policies and the laws of many states emphasize that services should be accessible to all children without regard to income or other restrictive requirements. The philosophy and values should be explicit in documents, attitudes, policy, and operation. This subsection will discuss the expression of child welfare philosophy in written documents and legislation and its translation into operation and financing as well as the expression of both professional and public values.

The survey's major findings regarding child welfare philosophy and values include:

- . Almost half the states expressed a "sound" child welfare philosophy either explicitly, through legislation, or implicitly, in the attitudes of state agency leadership.
- . Most often, however, this positive philosophy was not implemented with adequate funding and was counterbalanced by strict financial eligibility requirements for services.
- . Expression of values is fragmented among groups, many of whom are interested only in a specific service to the exclusion of others. Lack of professional leadership at policy levels compounds the problems.

STATEMENTS OF CHILD WELFARE PHILOSOPHY

If a state's child welfare philosophy is not stated explicitly in program documents or legislation, there may be ambiguity about program direction among those planning, financing, and delivering services. The overall state philosophy should also conform and relate

to the philosophy underlying the standards established by the state for various child welfare service areas, such as foster family care and homemaker services.

For the 11 states which have explicitly written statements of philosophy in legislation, these statements generally express a commitment to comprehensive services which maintain family life and provide for the well-being of all children in the state, with an emphasis on the prevention of family breakdown. In about half the states, the standing of child welfare services among other social services was considered by state officials to have equitable status. In addition, states reported a favored status for child welfare in comparison to non-social service programs.

OPERATIONALIZING OF STATED PHILOSOPHY

While more than half the states reported broad written philosophies on the responsibility of the state to maintain and enhance family life, almost half of the states were considered by project observers to be inadequately financing their child welfare services. Legislatures which pass bills for new programs and then do not allocate the funds are a common complaint among department officials.

Moreover, in almost half of the states, service eligibility is based on income. A few states, base eligibility for all child welfare services on need, which reflects the philosophy of the state. Other states employ a sliding scale of fees for some services, such as day care, and provide other services, such as foster care, solely on the basis of need. (Under Title XX, protective services and information and referral services must be available to all on a needs basis.)

On the one hand, citizens acknowledge the responsibility of the state for the general welfare of children; on the other, they believe that parents should have primary responsibility for their children's care and well-being. These two philosophies are difficult to reconcile in the development of service programs.

EXPRESSION OF CHILD WELFARE VALUES

A distinct splintering of values exists among groups in the child welfare field, both among professionals and in the community. In Georgia, for example, very strong pressures for day care and

services for the mentally retarded have resulted in the overshadowing of other needed child welfare services. Several states have state councils on children and many have active foster parent associations, but these groups tend to focus on single issues and not the overall field of child welfare services.

The fragmentation problem is compounded by the lack of professional leadership in advocating for child welfare services at the policy level. On the one hand, the expression of strong, positive professional values was noted in most states, even in states where the legislature and general public seemed inimical to a progressive child welfare system. Yet the professionals tend either not to advocate for overall services for children, or to accept interest groups working for the initiation, improvement, or maintenance of one or two services. In two major states studied, voluntary agencies have acted as advocates for their own programs.

Interviewees often commented that child welfare carries the stigma of public assistance; people see "welfare" and ignore the "child." Several states emphasized a long history of community interest in child welfare services, usually manifested in the early establishment of voluntary child welfare agencies of various sorts. However, such a history did not always correspond with positive community attitudes now.

D. GOALS AND PRIORITIES

Goals are long-term aims focused toward some end. Priorities are the ordering of goals and objectives to give preference to specific activities.

The establishment of rational, realistic, and balanced goals and priorities for child welfare services should ensure all children the right to optimum opportunities for care, development, and protection. A formalized process involving broad community and professional participation best ensures that goals and explicit objectives will be integrated into the planning and operation of the child welfare system.

This section will focus on the professed goals and priorities of the states and on the processes by which such goals and priorities are established and accomplished. The primary findings discussed in this section include the following:

- . The content of child welfare goals seemed appropriate in the majority of states surveyed.
- . Most states lacked a formal goal-setting process; although with the advent of Title XX, states plan to develop such ongoing processes.
- . In locally administered states, local agencies played a more important role in developing goals and priorities.
- . In more than half the states, stated priorities relate directly to goals.
- . Objectives are not usually quantified; therefore, determination of whether they have been achieved becomes difficult.

CONTENT OF GOAL STATEMENTS

More than half of the states include among their child welfare goals or as their primary goal the increase of preventive services, such as counseling and homemaker service, to strengthen the family and lessen the need for care of children outside of their homes. Other goals considered important by states are the prevention of inappropriate placement, improvement of foster family care services, and development of better adoption services for hard-to-place

children. Although the content of the goal statements is noteworthy, many questions were raised about the methods used for establishing goals, setting priorities, and planning for their accomplishment.

FORMAL GOAL SETTING

A few states have no explicit statements of goals, formal or otherwise. Administrators were able to discuss implicit goals only. Such goals can, of course, be identified in budgeting, programming, and staffing. Yet, the lack of a goal-setting process and an overall set of goals from which to proceed suggests a serious lack of direction. Gaps in the delivery system, ignorance of the community's special needs, professional dissatisfaction, duplication of services, and a shifting of priorities to match sources of revenue are a few of the possible consequences of such a situation.

States which had no formal statements of goals or processes for goal-setting prior to Title XX often repeat the language of the federal regulations to describe their goals and rationalize their services; time constraints did not allow them to set up a thorough goal-setting process.

About half of the states have some planned method for establishing goals. These methods range from somewhat informal processes of obtaining input from a few selected staff members to elaborate mechanisms which involve staff from all departments and at all levels, public hearings, consideration of federal requirements and funding, and the legislature and community groups.

Two states appear to set goals solely on the basis of funding and legislative interest. Although this may be true in other states as well, the financial reporting was insufficient to document this.

Some states, such as Michigan and Wisconsin, express goals and priorities in a formal "Mission Statement" or, as in North Carolina, in an "Annual Plan of Work." Illinois is currently initiating planning on an area basis.

LOCAL AGENCY INPUT

Local agency input in setting goals and priorities is extremely important to ensure that the services will meet the needs. Some states develop statewide goals and priorities, particularly in relation

to mandatory services, and allow the localities to set other priorities. Almost half of the states surveyed have a mechanism which allows the localities to provide input into the goals and priorities. For example, in New York State, among others, local districts establish their own priorities for using Title XX funds. A mix of staff and community and voluntary agencies are involved.

West Virginia exemplifies other states in that priorities are determined centrally but are directly related to needs assessment performed by area offices. In Virginia, among other states, certain services are state-mandated, such as adoptions and foster care; other services, such as homemaker services, are optional within each planning area.

RELATIONSHIP OF GOALS TO PRIORITIES, OBJECTIVES, AND FUNDING LEVELS

In more than half of the states, priorities seem to relate directly to overall goals. Thus, a goal to expand preventive services might be served through the priority of developing homemaker services or counseling services.

In a few states, however, goals seem rhetorical and unrelated to priorities. For example, a state which specifies community outreach and coordination of all services for children as major goals, then lists several programmatic priorities, such as improvement and expansion of permanent foster care and a concentrated adoption service which, while laudatory, do not further the goals set.

Without quantified objectives, priorities and goals can lend direction to a department or a program, but the determination of what constitutes attainment can be elusive. Quantified objectives can be monitored, evaluated, and measured against a long-term goal. Unfortunately, only a few states have specified quantitatively what they hope to achieve in a given period of time.

For example, Michigan uses management by objectives to quantify objectives. In West Virginia, where outreach and community education are prominent goals, progress is measured by the number of additional cases served, the rates of referral of new cases, and the review of case records to determine the effectiveness of casework and other services provided by individual workers.

The relationship between goal-setting and inadequate funding levels was pointed up by survey state respondents. Many states are experiencing a financial crisis; in several states, department personnel commented that there was no point in setting unachievable goals, since maintaining current levels of existing services was all that could be expected. New York and Washington, among other states, are cutting back on services which are currently provided.

E. ORGANIZATION

Organization is defined to include the internal structure and functioning of the child welfare services division at the state, district, and local levels. In this context, organization is related to administrative form, but the latter is more concerned with generalized elements of government structure in a state as discussed earlier in this chapter.

The separation of public assistance from social services was the uppermost organizational concern in state welfare programs. The separation has been a federally mandated procedure since 1972. Although some states adopted this procedure as long as four years earlier (in 1968) when it was only federally "encouraged," separation continues to have subtle impacts.

In some states, the staffs view these impacts as positive. The opinion was expressed that more professional caseworkers now have the opportunity to concentrate on the demanding aspects of public welfare and the delivery of social services, while the less demanding aspects, including the determination of public assistance eligibility, can be left to paraprofessionals and/or less skilled or experienced workers.

In other states, however, staffs expressed a less positive position. Staff personnel stated that the separation unnecessarily widened the already existing gap between the two integral elements of public welfare, added to the complexity of public welfare administration, and presented clients with a more bewildering array of procedural details and organizational units. (Survey team members were interested to note that these opinions were held somewhat intuitively by state staff, and did not necessarily correlate to specific service delivery features.)

A second important issue is the 1968 federally mandated combination of child welfare services with other social services into a single organizational unit. It is clear that in many states, this requirement has resulted in the disappearance of the child welfare unit as such. In other states, an identifiable child welfare unit remains as an element of the state level social services organization but in many instances suffers from lack of adequate visibility or priority location in the social services organization. In some states, this organizational aspect differs at the state, district, and local levels, as is the case in Pennsylvania.

The implication of this lack of visibility has a direct impact upon the organization of workers who provide services for children at the delivery level. In some states, services for children are provided by the same workers who provide services for all other persons, including the aged, handicapped, and other adults.

In addition to these two issues, the major survey findings regarding the organization of child welfare services divisions include:

- Most states considered that the placement of their child welfare units allowed for integration with other services and planning and decision making.
- Some states have no child welfare unit as such or no individual who is responsible for child welfare; such a lack interferes with the person-to-person process involved in planning and negotiating for resource considerations. Other states report child welfare is not organizationally visible but receives appropriate consideration because top level personnel in the department have child welfare backgrounds. Some states, especially those with umbrella agencies, have placed child welfare far down in the organization, which results in excessive distance from executive decision making.
- Half the states indicated a lack of communication and cooperation between child welfare units and units providing management services.
- Locally administered states appeared to have more problems with vertical communications among state, district, and local levels than did state-administered systems.
- Somewhat less than half the states did not appear to meet such "good" management principles as defined responsibility and authority, and appropriate use of specialization.
- Considerable efforts have gone into organizing service delivery for major metropolitan areas and middle-sized counties-- which involve the majority of children; however, the states report they have been less effective in the sparsely populated areas.

These findings are discussed in detail in the remainder of this section.

ORGANIZATIONAL PLACEMENT OF SERVICES

For child welfare services to be administered rationally and consistently with related social services, both should be located within the state human services milieu in such a way as to make such administration possible and to avoid fragmented services.

The survey found that child welfare services are placed so as to enable adequate service integration in almost all of the 25 states. Even those states with freestanding child welfare service divisions align them sufficiently close to other human service divisions to permit integrated planning, management, and service delivery, according to the survey.

However, a few states did appear to have isolated child welfare services. In these instances, children's services are significantly separated from public assistance and/or other social services. For example, in one state, services are administered by a health-related agency. Although this has a partial benefit (it removes the negative "welfare" onus from children's services), the survey found that such a placement removes child welfare services from the mainstream of a state's public welfare system.

VISIBILITY OF CHILD WELFARE SERVICES

The assumption that PMM & Co./CWLA used in the survey was that, within the state human services structure, child welfare services should be organizationally "visible," so that their requirements for state resources and priorities could be favorably addressed.

Visibility is defined by two components, both of which should be in operation for child welfare services to be assured of receiving adequate resource and priority considerations. First, the child welfare services division should be organizationally discernible at least through designation of an individual to be responsible for child welfare and through clearly defined administrative responsibility, so that resource allocation and priority-selecting channels are established.

The second component is the fact that many current executive staff members in the state social services hierarchy began their careers in the field of child welfare. Although not all of these executive staff members responsible for social services are currently involved exclusively with child welfare, many retain their interest in that field and provide significant support for children's programs, per

se, and in day-to-day actions, involving the integration of services for children, youth, and their families. Massachusetts, Rhode Island, Georgia, Wisconsin, and Tennessee are among the states with professional staff members at the state level who have such background.

The nationwide trend is towards consolidation of services, which would integrate children, family, and adult social services. According to the survey, this trend has resulted in states combining child welfare units into existing generalized social service units. Although not a negative development of itself, it can have a negative impact if the unique focus and special character of services to children are lost. The combination of family and children's services, promoted by federal mandates, was complicated by two historical factors:

- Traditionally child welfare services were the most highly organized of the social services, with defined services, target groups, and staffing requirements.
- In most states, services to families were, at best, poorly defined and inconsistently provided and, at worst, were nonexistent.

With this background, it was hoped that by combining child welfare and family services, services for families would be improved and services for children would provide for a broader spectrum, particularly for those children in public assistance families.

RELATIONSHIP TO EXECUTIVE DECISION-MAKING LEVELS

As a corollary to the two preceding issues, the distance between the child welfare division and executive decision-making levels should be minimized, so that child welfare can retain a high priority status. This may be accomplished either organizationally through special placement of the unit providing child welfare services, or through interpersonal working relationships based upon common interests in child welfare by agency executives.

In most states, communication channels between the child welfare division and the relevant executive decision-making levels appear to be sufficiently simple and direct. States in which the survey did reveal difficulties were mostly umbrella agency states. In these instances, the survey found agency executives excessively concerned with more actively supported social services and/or more volatile public welfare issues (such as AFDC rates or food stamp costs).

General administrative concerns stemming from managing an extremely large organization also tend to create a perceptible distance between the child welfare services division and executive decision makers.

RELATIONSHIP TO MANAGEMENT SUPPORT UNITS

The "Administrative Form" component of this overview provided a general discussion of the relationship of the child welfare division with support units, including management units. This discussion will focus more on the day-to-day working relationship.

Within a day-to-day framework, the important management support functions of budgeting, case management, monitoring, evaluation, management information, and reporting should be readily accessible to the division which provides child welfare services to assure that these services will be as effectively managed as possible. This accessibility is especially necessary if management systems are designed, implemented, and maintained separately from the service delivery process.

There is a relatively widespread problem of a mutual lack of understanding between social service professionals and management support professionals which was identified by the survey in several states. One aspect of this problem is a mutual lack of communication, in which both types of professionals fail to appreciate each other's problems and capabilities. In these instances, child welfare workers do not adequately communicate their needs to management support staffs, who in turn do not design and implement management systems adequate for child welfare worker needs.

One possible solution to this problem (which, for example, Oklahoma used in developing its computerized management information system) is to assign social work professionals to the management support unit, thus providing social workers with an active voice in the planning and development of management support activities.

According to survey results, the relationships between the child welfare services division and the immediate management services unit in only half of the states allowed for readily accessible management services support for child welfare programs. In these states, for example, the program staffs and management staffs have mutual professional respect for and understanding of each other, and the flow of administrative and financial reporting information regarding the children in care is timely, correct, and available to workers involved in case management.

In the other half of the states, program staff and management staff relationships are weak and tend to create and/or reinforce misunderstanding, conflicts, and staff-level ignorance of, or antagonism towards, services or management (depending upon the reference group involved). For example, management staffs in one state were unable to discern between public assistance and social service programs. In another state, child welfare staffs were unaware of the potential uses of the data supplied by the computerized management information system.

LOCAL OFFICE AUTONOMY AND DIVERSITY

Local offices, especially in locally administered states, by their very nature may be expected to exhibit a certain degree of autonomy and diversity. However, excessive autonomy and diversity can inhibit the establishment of consistent and comprehensive statewide programs, data collection, reporting, and other aspects of services and management which are based upon interoffice consistency and cooperation.

Although noted as a minor problem in a few state-administered systems, local office diversity and autonomy is a far more significant obstacle to the development of program consistency in locally administered states. For example, in some states, the state office will mandate a program or policy, but local offices have the authority to develop procedures for implementation as they see fit. This has led to instances in which local implementation could assure or block the development of these statewide initiatives, based on the priorities and methodologies of local offices.

Data concerning services delivered, caseload size and composition, expenditures, and staffing levels are often unavailable to the central office in most locally administered states, since local offices either do not report or do not collect the data or the state does not require it.

The survey consistently identified significant problems of this type in every one of the locally administered states but in few of the state-administered ones. Examples of these data gaps as well as exemplary systems are described in the section on data collection and reporting.

The rights of local offices to remain independent was recognized (but not always accepted) by state staff in locally administered states. According to the survey, however, each of these states is concerned that autonomy and diversity have become excessive and that the establishment and maintenance of consistent and comprehensive statewide programs and data collection may not be possible.

STATE/DISTRICT/LOCAL COMMUNICATIONS

It is clear that in order to establish and maintain consistent and comprehensive statewide programs, priorities, policies, and procedures, communications and relations between the various organizational levels across the state should be functioning adequately.

The survey validated the organizational maxim that both "top-down" and "bottom-up" communications are important. Specifically, both communication directions have to be utilized among local offices, district offices (where used), and the state office to establish and maintain effective patterns and quality of services. More than half of the states, according to the survey, do not appear to have serious problems in this area. In addition to creating an atmosphere in which communications are an accepted aspect of day-to-day activities, they make use of techniques such as WATS telephone systems, computer terminals, and frequent intrastate conferences (especially training sessions of the type used in Tennessee before the recent cut in their training budget) to overcome the traditional communication problems of clarity of roles, overlapping functions, and authority/responsibility imbalances.

Several states, especially the locally administered ones, were found to have significant problems in this area of intra-agency communication, according to those personnel interviewed. Inconsistent patterns of data collection, monitoring, evaluating, and service availability, as well as inconsistent priorities, policies, and procedures, are not uncommon in locally administered states. This appears to effectively preclude any significant statewideness in programs, as well as in communication effectiveness.

APPLICATION OF MANAGEMENT PRINCIPLES

According to administrative theory, in any organization such as one for the development and provision of child welfare services in a state, a series of management principles must be considered to assure effective management of any service delivery process. Examples of those management principles which were considered by the management consultants in assessing the child welfare delivery systems include the following:

- . defined responsibility and authority;
- . clear definition of chain of command;
- . specific channels for activity concerning child welfare within the social services structure;
- . appropriate span of control;
- . supervisor/caseworker ratios which allow for adequate supervision, according to professionally accepted standards;
- . grouping of like functions;
- . logical internal structure for child welfare services organization;
- . availability and use of specialization or generalization in organizing caseworker units; and
- . availability of program specialists at the state or district level to support local office generalists.

According to the survey, half of the states appear to conform to most management principles in such a way as to enable the service delivery process to be rationally organized and supported. For example, Oklahoma attempts to maintain a narrow span of control which appears appropriate for the responsibilities of and geographical distances covered by caseworkers: whenever a county has three unassigned caseworkers, a supervisor is designated for them. Another supervisor is supplied for each whole multiple of three caseworkers, and thus the statewide ratio is approximately one to five. (Examples of other management principles are to be found throughout this "Organization" component.)

However, the survey indicates that the other half of the states, mostly those with umbrella agencies, generally do not respond to principles for successful management as listed above. This is particularly interesting since part of the original impetus behind the formation and use of umbrella agencies was to centralize and improve service delivery management. Survey information in this area is not detailed, but it does indicate problems concerning improper combinations of responsibility and authority, excessive spans of control, and improper balances and allocation of specialization and generalization. It appears that in these states, child welfare service delivery is made to conform to somewhat inflexible models of management of service delivery which are designed for all units under the human services umbrella agency and which cannot accommodate the special needs of child welfare program administration. This may be a problem that any relatively small program faces when it is combined into an umbrella agency.

ARRANGEMENTS FOR SPECIAL POPULATION DISPERSIONS

Because the particular population distribution in each state is unique, most states must develop special methodologies for serving populations in their large cities, counties of medium size, and rural areas where the population is scattered.

According to the survey, all states which had major metropolitan areas used special organizational arrangements for serving these cities. In general, these arrangements consist of establishing the metropolitan areas as a separate substate district or local office and using decentralized service delivery offices within the city itself. Some cities in which this approach is found include Chicago, New York City, Memphis, Los Angeles, and Seattle, and a new decentralization plan is under study in Detroit.

Also, according to the survey, most states which had numerous middle-sized counties have developed special organizational arrangements for serving them. (These states included both those classified as rural, as well as those classified as urban by the survey.) These arrangements consist of linking adjacent middle-sized counties together as substate districts and dividing resources between the county level for ongoing and routine service delivery purposes and the district level for special program consultation purposes. Almost any state-administered state with an effective district organization could be cited as an example here. County autonomy in locally administered states hindered the practice from becoming as widespread as it was in state-administered states.

All states, even the ones considered highly urbanized (e.g., New York, California, Illinois, Pennsylvania, and others), have sparsely populated areas. The survey indicated that some states have developed specialized organizational arrangements for delivering services in these areas. Several of the states (including, but not limited to, Illinois, Massachusetts, and North Dakota) appear to be more successful in transcending individual county boundaries and are allocating equivalent service delivery resources for equivalent catchment area populations. Massachusetts refers to these areas as Community Service Areas (CSAs), while Illinois and North Dakota term them "area offices." Other states, such as Oregon, provide services in each rural county on an alternate day or a daily, but part-time, basis.

Unfortunately, however, according to the survey, some states experience problems in serving sparsely populated areas, in that they could not escape the requirement for maintaining a service delivery office in each county across the state. This practice has the effect of diluting aggregate staff resources by anchoring staff members in each county in spite of the fact that caseload size and caseload management responsibilities were not extensive enough to warrant on-site staffs on a constant basis.

The survey indicates that local officials in many of these states are simply reluctant to surrender their hold over county delivery of social services, in spite of the fact that this arrangement does not permit the delivery of services to take place under the most effective arrangement.

F. NEEDS ASSESSMENT

Needs assessment consists of determining the nature of a specified problem target group or condition and the type and quantity of services that are required to resolve the problem.

Appropriate needs assessment for child welfare services should use documented, tested methodologies based on a clear definition of concepts and should provide for identifying unique needs of special groups or geographic areas as well as for the state as a whole. Staff should be designated to conduct and coordinate needs assessment activities. Since needs assessment is a basic building block in developing a service delivery system, it should be recognized as a priority function.

This section will focus on the process of needs assessment activities at the policy and administrative levels. Assessment of individual need on a case-by-case basis will be discussed in the "Diagnosis and Service Plan Development" component.

The following major findings, which are discussed further in the main body of this section, grew out of the needs assessment part of the 25-state survey:

- . Until Title XX, little attention was given to needs assessment; even now, few states engage in organized needs assessment.
- . Most states use informal processes for assessing need for services, which are dependent on the collective wisdom and experience of staff.
- . Most needs assessment is pursued in connection with special services or specific problems, not for all of child welfare.
- . Lack of available information about volume and costs of services hinders any assessment of need. In addition, lack of awareness of what information is required sometimes results in little use of available information.
- . Visibility of need affects needs assessment. "Hard services," such as day care, are more easily understood and, therefore, are likely to receive more attention.

- . Most states recognize the importance of needs assessment but do not give it high priority because of their inability to meet currently identified needs.
- . Most states allow interference by special interest lobbying groups in needs assessment, making the setting of priorities dependent on political rather than programmatic values.

NEEDS ASSESSMENT BEFORE TITLE XX

Overall, needs assessment appears to be honored more in the breach than in the performance, with few states having more than spasmodic or localized efforts. The few states considered satisfactory were those with well-developed Title XX plans.

For instance, the Title XX plan in Oregon provides for a task force to study needs assessment. This task force will develop a needs assessment plan in the spring of 1976. Likewise, Tennessee appointed 12 Title XX Regional and Urban County Task Forces as well as a State Task Force to produce a comprehensive social services program plan. Needs assessment and services currently available were covered by the task forces.

Before Title XX, the needs assessment process in Oklahoma did not include extensive input from sources outside of the department. Since Title XX, needs assessment has been significantly broadened to include information from computer records of past services, input from an interdepartmental Title XX planning committee, needs assessment statements from state agencies and various substate and metropolitan planning groups, input from six regional public meetings before preparing the Title XX plan, comments from public hearings held to discuss the proposed plan, and written comments on the plan received during the 45-day public comment period.

About one-half of the states have a needs assessment plan specifically initiated to meet the federal Title XX requirements. For most states, this is their first real attempt at needs assessment. Two states, North Dakota and California, felt that these efforts, if repeated next year, could be the beginning of a needs assessment system. The Title XX requirements provide for participation in needs determination by interested members of the public through task forces, citizens' advisory committees, and public review. This provision has increased considerably the involvement of citizens and community groups.

NEEDS ASSESSMENT PROCEDURES

Most of the states use informal procedures for needs assessment and rely on past experience. Very few of the procedures for needs assessment go beyond the examination of past data, statistics, waiting lists, or requests for services.

Identification of actual need is necessarily dependent on some uniform system for defining needs and services. However, since the necessary concepts and structures are not in operation, the general dependence of states is on the conventional wisdom of staff from different levels used collectively. The accuracy and consistency of conventional wisdom is difficult to evaluate. In addition, this perspective is based upon past service experience rather than on examination of current populations who may be receiving services or may not be receiving services.

Needs assessment is usually not carried out as a process for child welfare generally but tends to occur in connection with special problems or special services. Some examples of this kind of limited needs assessment were found in states with specific interests that had been well developed because of outside pressures. For example, Wisconsin has a long history of assistance to localities in community planning and coordinating service in the juvenile justice system. Louisiana, Texas, and West Virginia believe they have developed needs assessment procedures for program areas, such as day care, protective services, child abuse, and emergency care for children, which provide useful data on which to plan.

IMPACT OF LACK OF INFORMATION

Several states are hampered in their needs assessment by a serious lack of information and statistics on volume and costs. Several have little voluntary agency input, and in most (with the exception of those mentioned having Title XX planning and assessment committees), consumer input is minimal.

Even more important was the impression that many states lack a clear concept of what information is needed. For instance, little use is made of information that can be gathered from case data--that is, demographic and socioeconomic data. Most states seem to lack research findings, program information, and evaluations of current services.

Aside from organized management processes for needs assessment, the groups with the most input into informal needs assessment are state advisory committees, advisory groups, and county advisory committees. Within the state offices, a few have a distinct unit for planning, research, and/or evaluation.

In Texas, an analysis of service use and caseload size and projections based on demographic data is used. In Michigan, program management by objectives is in operation and has potential use as a formalized methodology. In many states, district offices, county welfare departments, area offices, and program specialists' reports are cited as sources of needs assessment. The lack of a clearly defined responsibility assigned to specific staff makes the information collected impressionistic, fragmented, and unfocused.

CONSTRAINTS ON ASSESSMENT

Needs assessment is also affected by the ease with which need for certain services are understood as well as by popular "fads" in services. For instance, the survey revealed that, in several states, "hard" services, such as day care and homemaker services, appear to be in greater demand than "soft" services, such as counseling, because need and outcome of hard services are more readily understood. For the same reason, the need for preventive services is generally not well supported, although child abuse reporting has provided a clear indication of need in nearly every state.

Sound assessment is in conflict with the "fad" approach. Programs which receive a great deal of publicity and public support, such as the recent adoption programs for Vietnamese children, also receive priority funding. On the other hand, programs such as institutional care for children (in particular, residential treatment) tend to receive neither the publicity nor the funding, although the need for them has been documented.

Most states recognize the necessity for a sound needs assessment system, and a few reported the lack as a recognized weakness in evaluating their own programs. However, the most frequently mentioned constraint is lack of resources which means that funds would not be available to finance additional services even if the needs for them were identified.

NEED FOR BALANCED METHODOLOGY

Despite the contributions they can make, public input through hearings and comment is clearly inadequate as the only input needed in planning. Hearings provide representation by different interested constituencies who are supporting their own perceived needs. In some states, groups are organized for particular interests, such as day care or the aged, and lack the overview and the tools and techniques that professional, systematic planning provides.

As noted in Minnesota and Oregon, the absence of an objective and structured needs assessment process encourages lobbying as an alternative method, and thus the setting of priorities tends to be dependent on political rather than programmatic values. This is true in states where several active and diverse groups espousing narrow interests have secured legislative attention which has resulted in various commissions with limited mandates and, in some cases, made service delivery more complicated and inefficient.

Systematic and formalized needs assessment processes would contribute a needed balance to the impact of special interest groups and other external pressures.

G. PLANNING AND DECISION MAKING

Planning is defined as the projection of courses of action to resolve some defined problem. The planning function involves generating, gathering, forecasting, and analyzing information concerning near- and long-term trends and developments in programs, client types and numbers, as well as the staff, financial, and other resources which must be available to serve the future population. The planning process should be an organized methodology, supported by a clearly defined structure, that provides for input through all administrative channels and results in an annual or long-range plan. The process should also include development of program concepts to meet the identified needs, determination of resource requirements, and consideration of alternative responses to those needs.

Decision making is the process of making judgments to select actions which fulfill established objectives. It is a process for determining if, and how, developed plans are to be carried out and involves selection of priorities, determination of resource allotment, and approval for ultimate implementation.

Planning and decision making are related to needs assessment in the following way. Needs assessment should produce clear definitions of populations at risk who are not receiving services as well as utilize data from the evaluation function to assess the adequacy of current services. Accordingly, needs assessment links evaluation and research data to the planning function.

Effective planning and decision making for child welfare establishes both the process and the structure that provide for a wide range of input from administrative levels and service providers, as well as the consumers, taxpayers, and legislators. It requires feedback from evaluation and monitoring and should command the necessary resources.

This discussion will consider planning and decision making at the policy and administrative levels by focusing on the organizational location of the functions, the process, and the participants in that process.

Planning and decision making on a case-by-case basis will be explored in the "Diagnosis and Service Plan Development" component.

The major findings with regard to planning and decision making are summarized below and then discussed more fully in the section that follows:

- . The planning locus in almost half the states is within various bureaus of the state office, rarely including staff levels below regional or district offices.
- . Because of federal mandates in Title XX, many states are establishing planning mechanisms¹ and a process for participation by consumers and citizens. Before Title XX, the emphasis in required annual state plans was usually placed on budgeting or resource provisions rather than gathering information, analyzing data, and determining program/service objectives and limited goals.
- . In nearly half the states, the legislature or governor is the final decision maker for programs as well as budget.
- . Decision making in almost half the states is strongly affected by lobbies composed of special interest groups, such as mental retardation, mental health, or aging, advocating programs and appropriations and apparently carrying more political weight than those advocating child welfare services.
- . Local levels in state-administered programs have limited opportunity to participate in decision making; while in locally administered programs, significant decision-making power was held at the local level.

PLANNING LOCUS

In almost half the states, the locus for planning is within the various bureaus of the state office. Staff levels below the regional or area office levels are rarely included. The most common method used is to hold a series of formal and informal meetings with department heads responsible for programs, management, and fiscal accounting and with allied bureaus that provide other human services. In some states, the locus is in a single unit in the state office established for planning. One unique arrangement was noted in New York State, where the Department of Welfare has established a nonprofit firm, Welfare Research, Inc., to carry out on a contractual arrangement a major portion of its planning and research functions. In a few states, there was no evidence of formal planning.

One exemplary plan is the Annual Plan of Work in North Carolina. This plan is organized in a program planning and budgeting system format and provides input for state planning from three important sources:

- . a local task force organized from among county directors and practicing social workers to develop a list of social services and service definitions and to assist in devising the planning strategy;
- . an interagency committee composed of representatives from appropriate public divisions and agencies to advise on policies that should be incorporated in the service plan; and
- . a citizens' coalition for Title XX made up of representatives of a number of voluntary human service and public interest organizations, including several local nonpublic funding sources.

IMPACT OF TITLE XX

Because of the federal mandates in Title XX, many state agencies are establishing planning mechanisms and a process for the inclusion of consumer and citizen input. The states have long recognized this input as needed, but lacked the support to develop it.

The planning process in Colorado was reported as exemplary, and their Title XX plan reflects a great deal of imagination, skill, and ingenuity in the techniques and processes used in its production. (See the Colorado profile for details.) The model thus established could be incorporated into an annual process, which North Dakota and California are considering.

Several states, such as Massachusetts, have set up special Title XX planning units to devote full efforts to producing a more adequate Title XX plan. The public hearings in some states, such as Tennessee, were credited with providing widespread community participation in examining and planning for services. The Title XX planning process in Rhode Island is considered exemplary not only because it produced a plan, which is considered excellent by the state, but also because it will serve as the basis for future outreach, needs assessment, and child welfare services program development.

PLANNING DEFICIENCIES AND STRENGTHS

Although annual plans were required in most states prior to Title XX's passage, the emphasis was usually placed on the budgeting aspects or resource provisions rather than on information gathering, analysis, and determination of objectives and limited goals. Several states admitted that broader involvement of the voluntary sector is needed in planning for children's services to ensure fuller understanding, support, and use of the existing resources to meet the determined goals.

The planning process as described by most states is hampered by a lack of information and research on which to base both current and future projections. In addition, the methodologies used are not clearly defined.

Several illustrations of noteworthy planning efforts were reported in the state profiles. For example, Minnesota has devised a system of service ranking which lists mandatory, priority, and optional services as part of their planning process. These service rankings are used in determining the final plan. A few states, such as Michigan and North Carolina, used a management by objectives approach in performing program planning.

Less sophisticated procedures include using state standards and reviewing plans from other states. Texas, as well as some other states, has an active and definite administrative procedure for publication and comment on all policy matters by any citizen. Texas also has a planning staff decentralized to each of its district offices. In Rhode Island, the survey identified the exemplary involvement of the community council and voluntary organizations in planning social services.

Several states mentioned the use made of federal program requirements and professional standards established by national social service agencies in child welfare, for example, homemaker, day care, and foster care standards, in planning certain services.

DECISION MAKING LOCUS

The locus of control for decision making was nearly as diverse as the number of states. In some states, decision making on major

aspects of program and administration rests with a state welfare commission, state or county social service boards, or specific legally established commissions. In some states, the primary control is in the regional offices or county welfare departments that also have responsibility for planning (where counties are supplying the majority of funding, this was even more pronounced). In a few states, the department of finance or the program budgeting manager is the locus of control, and in a few states the department head or commissioner makes the final intra-departmental decision.

However, in nearly half of the states, the legislature or governor was cited as the final decision maker for programs as well as budget. In North Dakota, for example, the state legislature has the ultimate decision-making authority since it controls most of the funds for child welfare. In Oregon, the Children's Service Division decided the development of foster care resources should be top priority; however, the legislature acted in favor of day care, which had a strong lobby. The same is true in Virginia, where decisions on monies, staff, and program dimensions begin at the local level, flow upward through the bureaucracy, and eventually become part of the governor's budget submission to the legislature.

Decisions made by legislators generally reflect strong local priorities. In Texas, fundamental decision making regarding the shape and size of child welfare also rests with the legislature. Because financing with public monies is such a paramount issue in any welfare decision making, legislatures will continue to play a prominent role.

In most states, however, decision making by the legislature is more of a reactive than a creative process, since they make decisions on budgets developed by the welfare departments, rather than developing these budgets themselves. Further, it is not uncommon for legislatures to deflect part of the reactive role back to department administrators by cutting the budget but not specifying the programs to be cut, thus placing program administrators in the difficult position of cutting their own programs and staffs. Another factor frequently mentioned as a reason for the lack of a continuing base of support in legislatures for child welfare services is that children are neither voters nor taxpayers.

IMPACT OF LOBBYING

In almost half the states, other special interest groups, such as day care, mental retardation, mental health, or aging, are seen as aggressively advocating for allotment of monies and generally carrying more political weight than those advocating child welfare services. The legislature often responds to lobby groups as they develop priorities and make appropriations so that funding decisions may not reflect the planned budgets which have been developed by the administrative branch.

Other groups reported as having strong effects on decision making ranged from the traditional associations of local welfare directors, elected officials, and board members, to newer community groups, such as the Foster Parents Association in Missouri and a Client Involvement Committee in Virginia.

LOCAL LEVEL PARTICIPATION

Other than providing research and information support at the local office and specialized program levels, extensive participation in decision making was not reported from staff levels below state office or regional levels in state-administered systems. This was true for initial decision making as well as for any replanning or priority rearrangement necessitated after legislative cuts or changes. Communications among regional and county offices and the state welfare departments appear well developed, however, they do not measurably contribute to ongoing program direction and corresponding decision making. Illinois plans to move decisions closer to direct delivery levels as quickly as their area offices can develop skill and capacity to assume decision-making responsibility.

However, the pattern is somewhat different in locally administered states. In these states, significant decision-making power is held at the local level, but this process does not always carry to the state office. In most locally administered states, the state office makes decisions regarding statewide programs and policies, but equally crucial decisions regarding procedures for implementing programs are made at the local level. To assist the local department in the development of mechanisms to secure local input into the geographic area planning process, Minnesota established a group of district facilitators to work with the counties and the state field representatives.

When local funds are required to implement these state priorities, counties many times do not provide services--especially optional services. On the other hand, a number of more positive developments were noted. For example, California has mandated that proper records will be kept on children, and that these children will be tracked through their treatment. In responding to this mandate, Los Angeles County is developing a computerized management information system which has a client-tracking capacity and which includes a children's services module, and San Joaquin County is developing an automated social service information system.

H. FINANCING

Financing is the mechanism which provides the funds to support child welfare services and programs. The financing mechanism should also be capable of identifying the following:

- . sources of funds (budgeted and actual);
- . service and programmatic distribution of funds (budgeted and actual);
- . cost per child served (projected and actual); and
- . overall adequacy of the funds to provide the needed child welfare services (projected and actual).

This overview of the financing component will concentrate on the survey findings in the 25 states for fiscal year 1975, regarding the sources used, and adequacy of funds. The process by which a financial budget is prepared will be the subject of the "Financial Budgeting" element of the "Management Services" component. The process by which the actual revenues and expenditures are collected, processed, and reported by the state will be discussed in the "Data Collection and Reporting" component, as will the collection, processing, and reporting of case information. The adequacy of the funding for child welfare services will be discussed in most components of this overview to the extent that financing impacts the respective components.

Based upon the findings presented in the 25 state profiles, financing for child welfare services is generally considered inadequate to meet the known needs. For most of the states surveyed, the available funds can meaningfully address only the needs of Title XX eligible children and not the total child population of a state. (Even the term "Title XX eligible" does not provide a consistent definition of target population among states, since the Title XX plans present different definitions of an "income eligible" client.)

Based upon the data reported in the survey, we were able to discuss the following major financial findings:

- . Financing for child welfare services is generally considered inadequate to meet known needs.

- . Information on sources of revenues and expenditures for child welfare services was not consistently available among the states.
- . State government financing appears to be relatively more significant in state-administered systems than in those which are locally administered.
- . Title IV-B federal funds contribute 5 percent or less of the total funding for all but three of the states. The Title XX plans for FY 1976 revealed that the most important federal funding source will be Title XX; the second most important is Title IV-A (for AFDC - foster care).
- . The major expenditures of funds were identified for services expected to have a significant volume of purchased services, e.g., day care services and institutional care.
- . About one-third of the states reported that funding for child welfare services in relation to funding for other social services was adequate.
- . Financing level was observed to have a major impact on almost all of the other components of the system.
- . The absence of consistent expenditure and program data makes it impossible for states to determine cost per unit of service, an essential data element for sound planning and budgeting.

CHILD WELFARE REVENUES

Twenty-one of the twenty-five survey states reported on the primary sources of child welfare revenues for fiscal year 1975, and eighteen reported on the usage of those funds. Three states reported neither the sources nor uses of revenues, four states reported only sources of revenues, and one state reported only uses of revenues.

The amounts, sources, and uses discussed in this section are based entirely upon the financial information disclosures made by the respective state. Time did not permit the survey team either to validate the provided data or evaluate its reasonableness.

Revenue Sources Information

6

Each of the 25 survey states was requested to provide the survey team with the primary sources of revenues to finance public child welfare services within the state. The sources and amounts by source (in thousands of dollars) are summarized in Table II-1. Table II-2 presents the same data as a percentage of the total child welfare revenues for each state.

As noted in the tables, four of the states did not provide information related to the source of revenues for child welfare services. Two states reported amounts which included revenues for both child welfare services and other social services. Two states reported amounts which were either totally or partially estimated, and one state reported fiscal year 1974 data.

It was difficult for the survey team to reach definitive conclusions because:

- . time did not permit the survey team to validate the data or evaluate its reasonableness;
- . financial data are inconsistent among the responsive states; and
- . amount of local and other financial participation is incomplete.

Data which were reported by the survey states, however, do provide a reasonable basis for some general observations.

Based upon the data reported, the overall reporting of revenue sources for child welfare services was not better for locally administered states, even though local financial participation was more frequently reported for those states than for state-administered systems. As examples, significantly less detail about the specific sources of federal funds was reported in the locally administered states. In addition, the two states which reported combined data on child welfare services and other social services were locally administered states. In state-administered states, local financial participation was generally not reported.

Seven of the ten states which are categorized as having locally administered child welfare service delivery systems provided information on local government financing, while only four of the 15 states

TABLE II-1

25-STATE SUMMARY OF CHILD WELFARE REVENUE SOURCES BY STATE AND SOURCE
Fiscal Year 1975
 (Amounts in \$000s)

STATE	Total	Federal						Non-Federal		
		Total	Title IV-A	Title IV-B	AFDC/FC	WIN	Other	State	Local	Other
California ^a	\$147,000	\$99,000	\$ b	\$ b	b	\$ b	\$ b	\$20,000	\$24,000	\$4,000
Colorado	20,800	9,600	9,000	600	b	b	b	7,200	4,000	b
Connecticut	28,700	14,000	b	b	b	b	b	14,700	b	b
Georgia	31,591	24,885	19,641	1,292	b	1,561	2,391	4,619	2,087 ^c	b
Illinois	90,142	46,295	41,876	2,135	2,204	b	b	40,065	3,782	b
Iowa	10,663	4,018	3,296	722	b	b	b	6,641	4	b
Louisiana	12,700	7,700	3,500	1,000	3,200 ^d	b	b	5,000	b ^c	b
Massachusetts	66,300	48,800	40,600	1,000	1,700	1,700	3,800	14,200	b	3,300
Michigan	118,250	53,900	46,000	1,900	5,000	b	1,000	44,600	18,750	1,000 ^a
Minnesota ^f	75,010	37,065	35,688 ^e	b	b	428	949	10,322	27,623	b
Missouri ^g										
New York ^g										
North Carolina	29,572	16,884	b	b	b	b	b	6,217	5,882	589
North Dakota ^f	4,900	3,600	2,700	200	600	100	b	800	500	b
Oklahoma	69,500	35,000	31,500	700	b	900	1,900	34,500	b	b
Oregon ^g										
Pennsylvania	95,332	26,736	20,994	745	4,997	b	b	39,109	29,487 ^a	b
Rhode Island	9,452	4,360	3,725	266	239	b	130	5,075	b ^c	17
Tennessee ^g										
Texas ^h	39,053 ^a	21,000 ^a	14,000 ^a	5,000 ^a	2,000 ^a	b	b	9,985	8,068	b
Utah	9,097	6,131	4,834	429	483	379	6	2,900	b ^c	66
Virginia	37,213	20,142	18,955	1,187	b	b	b	8,442	8,629	b
Washington	32,659	15,101	11,737	771	1,964	629	b	17,558	b	b
West Virginia	16,822	14,200	13,673	527	b	b	b	2,622	b	b
Wisconsin	49,646	37,486	b	b	b	b	b	12,160	b ^c	b ^f

SOURCE: Reported by state during survey

NOTES:

- ^a Amounts are approximations reported by the state.
- ^b Information at this level was not available.
- ^c Local funding is not required by the state.
- ^d Includes state and federal sources.
- ^e Reported by the state as AFDC funds.
- ^f As reported by the state, these may include non-child welfare service funds.
- ^g Data not reported by the state.
- ^h Fiscal year 1974 data provided by the state.

TABLE II-2

**25-STATE SUMMARY OF CHILD WELFARE REVENUE
SOURCES AS A PERCENTAGE OF TOTAL CHILD WELFARE
REVENUES BY ADMINISTRATIVE FORM AND STATE**

STATE	Total (000s)	Percent of Total									
		Federal						Non-Federal			
		Total	Title IV-A	Title IV-B	AFDC/FC	WIN	Other	Total	State	Local	Other
State Administered											
Connecticut	\$ 28,700	49	a	a	a	a	a	51	51	a	a
Georgia	31,591	79	62	4	a	5	8	21	15	6 b	a
Illinois	90,142	51	46	2	3	a	a	49	45	4	a
Iowa	10,663	38	31	7	a	a	a	62	62	—	a
Louisiana	12,700	61	28	8	25 c	a	a	39	39	a b	a
Massachusetts	66,300	74	61	1	3	3	6	26	21	a	5
Michigan	118,250	46	39	2	4	a	1	54	37	16	1 d
Missouri e											
Oklahoma	39,500	50	45	1	a	1	3	50	50	a	a
Rhode Island	9,452	46	39	3	3	a	1	54	54	a b	—
Tennessee e											
Texas	39,053	54 d	36 d	13 d	5 d	a	a	46	25	21	a
Utah	9,097	67	53	5	5	4	—	33	32	a b	1
Washington	32,659	46	36	2	6	2	a	54	54	a	a
West Virginia	16,822	84	81	3	a	a	a	16	16	a	a
Locally Administered											
California d	147,000	67	a	a	a	a	a	33	14	16	3
Colorado	20,800	46	43	3	a	a	a	54	35	19	a
Minnesota g	75,010	49	48 h	a	a		1	51	14	37	a
New York e											
North Carolina	29,572	57	a	a	a	a	a	43	21	20	2
North Dakota	4,900	73	55	4	12	2	a	27	17	10	a
Oregon e											
Pennsylvania	95,332	28	22	1	5	a	a	72	41	31 d	a
Virginia	37,213	54	51	3	a	a	a	46	23	23	a
Wisconsin	49,646	76	a	a	a	a	a	24	24	a b	a

SOURCE: Reported by state during survey

NOTES:

- a Information at this level was not available.
- b Local funding is not required by the state
- c Includes state and federal sources.
- d Amounts are approximations reported by the state.
- e Data not reported by the state.
- f Fiscal year 1974 data provided by the state.
- g As reported by the state, these may include non-child welfare service funds.
- h Reported by the state as AFDC funds.

categorized as state administered provided this information. It is not clear whether this depicts a difference in the actual funding patterns or a difference in the data collected, and therefore reported, by the state.

Since four states categorized as state administered reportedly do not require local financial participation, and several which are state administered do not have local delivery offices in each county, actual differences in the funding pattern might reasonably be expected. For example, the absence of a delivery office in each county might reduce the awareness of the county government about the financial needs for child welfare services and therefore their desire to provide financial assistance. However, in several state administered systems, the counties are allowed to supplement the state and federal funds for their county, which is being done by some counties.

Of the four locally administered states for which the sources of the federal dollars for child welfare services were not reported, one has not used all the available federal funding because the county governments have not aggregated sufficient matching funds.

State government financing appears to be proportionately more significant in states with state-administered systems than in those with locally administered systems. This might be an expected difference in the funding pattern since state-administered service delivery systems may either require no local financing or allow local financing at the option of the locality. In addition, there may be a formal delegation of financial responsibility to the local governments in a locally administered system.

State-administered systems appear to receive a larger proportion of the total child welfare revenues from federal sources than do locally administered systems, perhaps because of the ability of locally administered states to provide a larger financial base through the combined efforts of the state and local governments.

While the data reported indicated a difference between state- and locally administered delivery systems in their relative reliance upon federal, state, and local funding, these differences did not appear to affect the adequacy of funding, as discussed below.

Title IV-B Funds

Table II-3 shows the Title IV-B funds reported by the survey states as revenues for fiscal year 1975 and the apportionments as reported by SRS, DHEW. With the exception of two states, the differences between the amounts reported by the states and SRS can generally be attributed to rounding.

Title IV-B apportionments as a percent of the total child welfare revenues reported by the states are also shown in Table II-3. As indicated, Title IV-B contributes 5 percent or less of the total funding for all but three of the states.

Ten states reported how the Title IV-B funds are currently being used. Of these ten states, only one state specified training of child welfare staff as the primary use of the funds. Nine states reported that the funds are used for programmatic purposes--primarily day care and foster care. This represents a significant change from the previous use of these funds, which was primarily for training and special projects.

AVAILABLE EXPENDITURES DATA

The survey states were requested to report the amount of the fiscal year 1975 expenditures for the following:

- . adoption service;
- . day care service;
- . day treatment;
- . foster family care;
- . group home service;
- . homemaker service;
- . institutional care for children;
- . residential treatment;
- . protective services;
- . shelter care for children in emergency;
- . social service for children in their own home;
- . social service for unmarried parents;
- . other services; and
- . administrative and indirect costs.

Seven states did not report expenditures and/or reportedly could not report programmatic cost data. The states which did report expenditures did not consistently report data at the same service/program

TABLE II-3

**25-STATE COMPARISON OF TITLE IV-B REVENUES
PER STATES AND PER U.S. SRS APPORTIONMENTS
FISCAL YEAR 1975**

STATE	Fiscal Year 1975 Title IV-B (000's)		Total Child Welfare Revenues (000's)*	Title IV-B Per U.S. SRS as Percent of Total
	Per State*	Per U.S. SRS		
California	\$ a	\$ 3,786	\$ 147,000 b	3
Colorado	600	631	20,800	3
Connecticut	a	560	28,700	2
Georgia	1,292	1,314	31,591	4
Illinois	2,135	2,104	90,142	2
Iowa	722	722	10,663	7
Louisiana	1,000	1,160	12,700	9
Massachusetts	1,000	1,146	66,300	2
Michigan	1,900	1,966	118,250	2
Minnesota	a	959	75,010 c	1
Missouri	d	1,116	d	
New York	d	402	d	
North Carolina	a	1,428	29,572	5
North Dakota	200	239	4,900 c	5
Oklahoma	700	710	69,500	1
Oregon	d	559	d	
Pennsylvania	745	2,457	95,332	3
Rhode Island	266	265	9,452	3
Tennessee	d	1,141	d	
Texas	5,000 b e	3,000	39,053 b e	8
Utah	429	429	9,097	5
Virginia	1,187	1,187	37,213	3
Washington	771	771	32,659	2
West Virginia	527	527	16,822	3
Wisconsin	a	1,141	49,646	2

*SOURCE: Reported by state during survey

NOTES:

- a Information at this level was not available.
- b Amounts are approximations reported by the state.
- c As reported by the state, these may include non-child welfare service funds
- d Data not reported by the state.
- e Fiscal year 1974 data provided by the state.

levels. The state/local administrative form of the states did not appear to impact significantly either the reporting of expenditure data or the trend of the data reported.

Expenditures were most frequently reported for the service areas which would be expected to have a significant volume of purchased services, e.g., day care service and institutional care.

A significant proportion of the child welfare funds appears to be spent on out-of-home care for children, such as foster family care and institutional care. Concern was expressed by child welfare program planners in several states that out-of-home services are being used more frequently or for longer periods of time than are actually necessary. This concern was documented in the survey state profiles. For example:

- . "To increase preventive services, House Bill 214 would change the formula for reimbursement of local child welfare expenditures by raising the state share of costs of community-based services to 75 percent, and reducing cost sharing of care in institutions to 50 percent. Currently, 25 percent of children receiving child welfare services are in institutions, and such care is costing about one-half of the total budget. If institutional care costs can be reduced, by reduction in use of such care, it is expected that more funds will be available to serve greater numbers of children in their own homes."
(Pennsylvania)

- . "Furthermore, resources appear to be directed toward removing children from their own homes and placing them in foster care. All too often, no permanent plans have been made and children have existed in a state of impermanence for a long time.

"A Division of Family Service Task Force on Alternative Methods of Treatment for Families at Risk has completed its deliberations and has recommended that the program of services to families and children be viewed as a whole, and that resources be committed to develop ways to maintain children in their own homes. If this fails, permanent plans must be made for the child as quickly as possible."
(Utah)

ADEQUACY OF FUNDING

The adequacy of funding for child welfare services within a state has several interrelated aspects which may be discussed separately. These aspects are (1) the adequacy of funding in relation to the service needs (overall adequacy), (2) the adequacy of funding in relation to other social services (relative adequacy), and (3) the effects of funding on services (impact).

Adequacy for Service Needs

The 25-state survey indicated that in 14 states the financing of child welfare services in relation to service needs was reported by the states to be generally inadequate. In two other states, funding was reported to be generally adequate only for priority services. The funding for child welfare services was reported to be generally adequate in five states, and no opinion on the general funding adequacy was reported in four states.

The general adequacy of the funding for child welfare services did not appear to be affected by either the state/local administrative form of the service delivery systems or the absence of required local government financing.

The reasons presented for generally inadequate funding of child welfare services reflected some commonality of the causative factors. The primary factors reported were:

- . Child welfare services were not considered a state priority within four states.
- . Certain services, and especially purchased services and/or non-child welfare services, received what was reported as a more than proportionate share of the available funds because of special community or advocacy interests in six states.
- . New or expanded services were mandated in state legislation without additional state appropriations in four states.
- . The general economic environment in the state has resulted in decreasing real, if not absolute, dollars available to finance the operation of the state government, which negatively impacts the ability of the state to fund child welfare services adequately.

(Also see the subsection entitled "Demographic and Economic Environment.")

As illustrated in Table II-2, federal financial support provides a significant proportion of the child welfare funds reported in the survey states. The child welfare service delivery staff in one state recently doubled because of a significant increase in use of federal dollars for child welfare services.

One locally administered state which considered funding as generally inadequate reportedly has not used all of the available federal funds because the local governmental units have not appropriated sufficient matching funds.

Four states which considered the financing of child welfare services as generally inadequate also were reported to have reached their respective federal Title XX funding ceilings. As a short-term result, any additional funding will have to be provided by state and/or local government appropriations.

The current economic environment within most of the survey states (see "Demographic and Economic Environment"), however, appears to limit significantly the immediate potential for increases in state and/or local funding for child welfare services. To the contrary, the current economic environment implies that increased competition for funds among all government activities may reasonably be expected. Six states reported that the proponents of child welfare services may consider themselves successful if they can maintain the current level of funding and avoid reductions. Even in one state in which funding was considered to be generally adequate, the funding pattern was reported to be constant in absolute dollars but decreasing in real dollars.

The reasons presented for generally adequate financing of child welfare services reflected conditions unique to the five individual states which indicated such adequacy rather than to conditions common among the states. The primary factors reported were:

- . level of financing directly related to general sales tax collections;
- . relatively low percentage of the child population identified as needing child welfare services financed through the state;

- . significant increase in the amount of federal financing available for child welfare services; and
- . tradition of adequate state financing for child welfare services.

Adequacy in Relation to Other Social Services

As presented in the preceding section, child welfare services reportedly were not viewed as a priority area within four states, which was at least one reason why they were not adequately financed in relation to the needs for the services. In eight states, the funding for child welfare services in relation to other social services within the state was reported as adequate. In these eight states, however, this relative adequacy did not translate into adequate funding in relation to service needs.

The reasons for this disparity appeared to be the same as those for the adequacy of financing in relation to service needs, as follows:

- . the priority status for the funding of social services in general within a state; and
- . whether the available funds are sufficient to adequately fund social services in general.

Impacts Upon Other Delivery System Components

The financing level for child welfare services (including changes to that level in terms of either absolute or real dollars) impacts upon almost all of the other components of a child welfare service delivery system. The discussion of other components in this part of the subsection on financing will refer to positive and/or negative financial impacts upon the respective component.

The financing level is also impacted by other system components within a state, primarily the economic environment and the philosophy and values concerning child welfare services. Regardless of the philosophy and values, the state economy can become an overriding factor upon the adequacy of funding.

The states which reported a stable economy considered the funding of child welfare services to be generally adequate. In states which

have experienced significant negative impacts from the combined recessionary/inflationary economy, the following observations are typical:

- . "The depressed economy, which is unable to provide sufficient resources, is felt to be the primary weakness."
- . "There is considerable uncertainty about financing sources. This stems partly from a number of causes: the state has reached its Title XX ceiling, the state economy remains in a relatively poor condition, and tax revenues are limited."
- . "The funding of child welfare is not maintaining stability in light of increasing competition from more articulate and well organized special interests in other human services."

The adequacy of funding appears to most significantly impact staffing and the quantity of available child welfare services. Weaknesses in these areas can have a negative impact upon the quality of services provided, especially if they remain constant while caseloads and/or service needs increase.

Constraints on Delivery Staff

In 14 of the 25 survey states, the staffing level was reported by the states to be insufficient in relation to the caseloads, and the funds were not available to increase the number of caseworkers. Hiring freezes have been imposed in four states, and in two of those states the hiring freeze has been essentially in effect for as long as four years. Personnel layoffs were reported to have occurred in two of the states because of state financial problems. An inability to increase the staffing level sufficiently was reported as a system constraint even in one of the states in which the funding of child welfare services was considered generally adequate.

The following are typical of comments about the financial impact upon staffing:

- . "Hiring freezes due to fiscal constraints are reflected in a depleted staff complement."
- . "Fiscal constraints have made it more difficult to increase staff sufficiently to decrease caseload size. In other words, personnel increases at about the same rate as clients with the result that caseloads remain high."

- . "Funding limitations have meant that sufficient staff has not been available to strengthen services in rural areas."
- . "Affected by inflation, recession, and many new community pressures, heavy demands on state funds from all government program areas have resulted in staff cutbacks."

Constraints on Programs

Fifteen of the states surveyed, including a few in which financing of child welfare services was considered to be generally adequate, identified financial constraints as an impediment to the development of new or expanded programs. The following comments illustrate the interrelationship of financing and services:

- . "A primary weakness is inadequate program funding, to a degree which limits the capacity of the local service delivery offices to provide a balanced child welfare program."
- . "The lack of financial resources hampers efforts to elicit the support of the general public necessary for such services as adoptions and foster care."
- . "Because the federal funding ceiling has remained constant, inflation and other factors have decreased its impact, and delivery of services has been reduced by about one-third."

DATA ON COST PER CHILD SERVED

To project the quantity of individual services provided by a certain amount of funding, a state should be able to determine the average cost per unit of service delivered for each of the service areas. Based upon a review of the 25 state surveys and interviews with state personnel, only one state can compute the average aggregate cost per child in a reasonable manner for fiscal year 1975.

As indicated previously, cost data were not reported by seven states, and for four of those states, the cost of child welfare services was reportedly not available. For most of the states, an unduplicated count of the number of children who received service was either not reported or not available. As a result, the average aggregate cost per child served for all services combined could be reasonably computed for only one of the survey states. In addition, the average cost

per child for a specific service and the average cost per unit of service could be reasonably computed for only one of the 25 survey states.

However, a partial cost per unit of service is known in most states for at least some services, primarily for services which are purchased from private providers. For example, a fixed rate or schedule of rates may exist in a state for a unit (an hour, day, or week) of institutional care or day care. For these services, however, the expenditures of the public agency, such as salaries and rent, may not be allocated to service areas. Therefore, the total of the purchased and nonpurchased expenditures for the service is not available. In addition, the unduplicated number of children served and the total number of units of service delivered during a fiscal year may not be available. In either of the latter two situations, the average cost per child or cost per unit of service delivered cannot be computed in a meaningful manner.

I. PROGRAM RESOURCE MOBILIZATION

Program resource mobilization includes those functions that are necessary to identify, develop, and maintain programmatic capabilities required to support delivery of child welfare services.

Adequate resource mobilization for child welfare service delivery is a support function which must assure personnel, facilities, and service providers in sufficient numbers and quality, melded together into functional activities or units, with which to meet established needs. It includes recruitment, screening, selection, and development of foster and adoptive parents, homemakers, and facilities; development of regulations, guidelines, and standards; licensing or approving of service providers; development of interagency agreements and purchase contract; provision of consultation; and the recruitment and training of personnel.

These activities are a complex group of interrelated and interdependent functions which themselves are related and dependent upon other aspects of the system, primarily financing, needs assessment, and planning. These functions are best performed by designated personnel acting in a formally organized manner which allows for sufficient flexibility to meet the changing needs of children requiring service.

Following a general overview on organization and staffing, these functions will be loosely grouped into three segments for more detailed discussion of strengths and weaknesses, although such grouping does not suggest any lessening of the interdependence of the functions. It should be noted that, in the opinion of the study team, weaknesses appeared to be more predominant than strengths. The three groupings are:

- system-to-system functions, which include relationships with other agencies, standard setting and licensing (or its equivalent), interagency agreements, and contracts;
- resource development functions, which include recruitment and selection of foster and adoptive parents and homemakers, development of facilities, and assurance of a range of services in an appropriate mix for the population; and

- within-the-system functions, which include establishment of standards and guidelines for operating units and for licensing purposes, development and demonstration of programs, program consultation to operating units, and the training and development of staff.

The findings for each of these three segments are summarized after the introduction to each segment.

ORGANIZATION AND STAFFING

In all 25 states, the various resource mobilization functions are shared among the various levels of the operation, from the central state office to the operating office at the local level, and often mid-level regional or area offices where they exist. As might be expected in locally administered systems, more of the functions are performed at the local level; in state-administered systems, more are handled at the state level.

Almost half of the states have specially designated staff, often with specific civil service classifications, for some of the resource mobilization functions. Only a few states are able to supply full-time equivalents for personnel performing all of the functions. Most states could be specific about the number of personnel assigned to one or two of the functions, such as licensing or the preparation of guidelines and manuals. In general, the larger offices in urban or regional locations appear more likely to have designated personnel, while in smaller offices the functions are more likely to be performed by the front-line worker together with client contact assignments. Most states expressed some indication that insufficient personnel and skill are devoted to these functions, often because mandated obligations, the demands of crises, a fixed staff with increased caseloads, or reduced staff drain personnel from mobilization functions. A few of the states indicated that the absence of special classifications for resource developers makes it difficult to recruit personnel with suitable skills and knowledge.

The difficulties in keeping front-line, direct service personnel fully informed of available resources are viewed as a constraint in most states. Problems in this regard are related to the communication loop among needs assessment, planning, resource mobilization, and service plan development.

In about half of the states, a variety of outside organizations, such as associations of foster or adoptive parents, day care councils, or voluntary agencies, are participants in some aspects of resource mobilization. Some of this involvement is quite informal. In other states, explicit agreements have been developed for the sharing of functions between the public child welfare organization and these other entities.

SYSTEM-TO-SYSTEM FUNCTIONS

System-to-system functions within resource mobilization consist of activities to create, increase, or enhance linkages with external systems for the purpose of increasing or improving the delivery of child welfare services in either system or both. External systems include juvenile and family courts, voluntary child welfare agencies, family service agencies, community and mental health centers, and other voluntary agencies which provide or could provide services to children. External systems in this context also include other public agencies which are external to the child welfare services delivery system in the state. These might include, for example, departments of mental health and mental retardation.

System-to-system functions were found most likely to be performed by and to be the sole responsibility of the state office, even in locally administered systems. If some of the tasks are performed locally, the guidelines, policies, and procedures for their conduct are usually state functions.

Other findings in this area include:

- . Although some interagency relationships used for resource mobilization are informal, formal relationships do exist in purchase of service, interdepartmental agreements, and placing outposting of child welfare personnel in schools and hospitals to ease the making and acceptance of referrals.
- . Standard setting and licensing of agencies are generally lodged at the state level; however, only a few states consider these functions a major strength.
- . While licensing of institutions, group homes, and other voluntary and proprietary services is more often handled by the central office, foster homes and family day-care homes may be licensed by local staff according to state requirements.

- . All states perform some licensing function but its organizational placement is in a state of flux, with most states following one of these options:
 - . all licensing functions placed into an independent organizational unit;
 - . licensing of some services, such as day care, placed in a different department; or
 - . closer integration of licensing and the service delivery program level.

Relationships With Other Agencies

The development of relationships with other agencies is often informal. Such development commonly occurs through membership of individual staff members in professional associations or contacts between operating units and other agencies among which frequent referrals are made. At the same time, the formal development of purchase of service contracts is playing an increasingly major role in the relationships among agencies. The formal and contractual relationships prevailing in purchase of service and in a wide variety of interdepartmental agreements are partially directed at the clarification of roles, responsibilities, and relationships among agencies.

Another formal method of developing interagency relationships is the outposting of personnel in schools, hospitals, and similar settings. Such linkages with other agencies were reported to expand the variety of resources available. In exchange for an outposted worker who accepts referrals, a hospital, for example, may increase or facilitate referrals from the child welfare agency.

Standard Setting and Licensing Functions

Standard setting, a tool used to ensure or improve the quality of services, is generally the process of officially designating the minimum requirements for adequate service delivery. It may also include the delineation of optimum conditions toward which service providers are encouraged to strive.

Minimum requirements for adequate service delivery are expressed as regulations and may be the basis for licensing. Licensing

of agencies and service providers is the legally mandated responsibility to grant or withhold the right to deliver services, depending upon whether minimum standards are met.

Impact of Standard Setting on Services

The development of standards or regulations was found to be practically always a state function, and a number of states report an extensive system for public exposure and involvement.

A few states cited quality standard setting and licensing as their major strength in upgrading service. Enforcement functions, as well as consultation to provider agencies and training opportunities for vendor staff and administrators, were viewed as having significant impact on upgrading services in a number of states where this approach is developed.

The North Carolina system of seeking the involvement and approval of the local directors' association regarding policies, procedures, and standards is one mechanism for securing broad-based support and understanding of resource mobilization efforts of the state. Other states have developed other mechanisms serving similar ends.

Weak or inappropriate licensing laws and regulations were viewed by a number of states as a serious drawback to safe, high-quality service resources in adequate quantity. The application of school- or hospital-type life and safety codes to foster family homes was given as an example of regulation viewed as inappropriate by program personnel, although such codes often have strong political backing.

Organizational Placement of Licensing

All states perform some licensing function in relation to some class of service providers. The organizational placement of licensing and standards enforcement functions is in flux. There is a tendency in a number of states to separate all licensing functions into an independent organizational unit, as in New York State, or for licensing of some services, such as day care, to be in a different department instead of as a unit within the same general organizational unit as child welfare services.

In several other states, the shift has been away from a separate organizational unit or a separate section within child welfare to bring some aspects of these functions closer to the service delivery or mid-level program consultation level as a way to integrate the licensing activities with other consultative and oversight functions.

The implementation of regulations for at least some services is a local responsibility in nearly half of the states. In the others, the state assumes the full responsibility for standard development and licensing.

In the case of shared responsibility, congregate facilities, such as institutions, group homes, and day care centers, are more often handled by the central office, while foster homes and family day care homes may be licensed or approved by the local operating unit, usually in accordance with state regulations.

Most states have specially designated staff for licensing functions, especially for congregate facilities. Specially designated staff for foster and adoptive home approval are more frequently found in larger operating offices in the more densely populated areas. These functions are frequently just one duty of a front-line worker in smaller offices which are generally located in the more sparsely populated areas.

RESOURCE DEVELOPMENT FUNCTIONS

The following major findings regarding specific resource development functions are discussed in this subsection:

- . Recruitment of foster homes is generally considered to be satisfactory in quality but quantity is insufficient; this is especially the case for recruitment of homes for seriously disturbed and handicapped children.
- . Recruitment of adoption parents for hard-to-place children requires much more community education and skilled work than recruitment of homes for the rare healthy baby.
- . Adoption service is less likely than other services to be decentralized and frequently enjoys a higher level of consultation for staff.

- Four states have exemplary adoption subsidy programs that have helped to expand adoption resources for hard-to-place children, but legislation and available financial resources limit the programs.
- The increasing emphasis given to permanent planning for children is straining the capacity of staff to seek, select, and prepare adoptive parents for children needing placement. Although skilled assistance is needed in helping adoptive parents, inadequate training of most staff limits a state's ability to recruit appropriate applicants and provide the needed services.
- Recruitment of homemakers, in contrast to recruitment of foster and adoptive homes, is a responsibility most likely to be delegated to a nonpublic organization.
- Techniques for recruitment were reported to be satisfactory in most states, but problems occur in relation to the number of homemakers available, geographic dispersion, and differences in philosophy as to how and for what purpose they are used.

Development of Foster Homes and Adoptive Parents

The development of foster homes involves recruitment, selection, and upgrading through specialization. (Training of foster parents is discussed in the section on training and development of staff.)

In most of the states, this development function is generally considered satisfactory in quality although the quantity of homes recruited is insufficient. In a few states, the quality of the homes is considered unsatisfactory. The survey revealed a serious weakness in the dearth of homes for seriously acting-out children, the multiply handicapped, or others with complex needs. New York and several other states have developed specialized or skill-graded foster homes by using techniques such as differential rates and specialized training. A few states have demonstration projects involving courts and community agencies which seek to develop alternate living arrangements for youth such as status offenders or recently deinstitutionalized children.

States also report that recruitment of adoptive parents requires aggressive community education and skilled work with the prospective parents, since most children now needing adoption are considered hard to place and healthy babies available for adoption are a rarity.

Centralized Adoption Services

The survey found that adoption services are less likely to be as decentralized as are other services. In addition, they tend to receive a higher level of consultation to direct service staff than is provided for other services. These arrangements usually result in a higher level of trained staff involvement in adoption services. In a number of states, the staff and administrative arrangements are different for adoption than for other direct services. Sometimes this occurs as a sole state responsibility when other services are state and locally shared; or, as in Illinois, it is generally an area office responsibility while other direct services are conducted in much more widely dispersed field offices. Other states have developed different ways of addressing issues related to the special skills, techniques, and procedures which are believed best suited to adoption services.

Adoption Subsidies

Laws which permit the compensation of parents for specific expenses associated with the care of a child after an adoption is finalized (generally referred to as a subsidized adoption) are a potentially useful tool for increasing the pool of prospective adoptive homes. Such subsidies may be funded by special appropriations or may have to come from other appropriations.

Developing adoptive homes for children with special needs and providing the supportive services to sustain adoptive parents and hard-to-place children throughout the process and beyond the final decree are barriers confronting subsidized adoption programs. Adoption subsidies were cited as exemplary in four survey states. However, the programs suffer from either lack of a specific appropriation or restrictive enabling state legislation.

Role of Operating Units

The increasing emphasis by many states on the permanent placement of hard-to-place children into adoptive homes often strains the capacity of the operating units to seek, select, and prepare adoptive applicants for the type of children needing placement. The match between applicants and available children has never been worse, according to most states.

Many spokespersons indicated that the public needs to be educated about the kinds of children that are available, and prospective adoptive parents need skilled help in dealing with both the negative and positive aspects of adopting a hard-to-place child. The inadequate and nonspecific training which most personnel have is reported to be a serious constraint on the ability of many states to recruit appropriate adoptive applicants and to perform other tasks related to the adoptive placement of the hard-to-place children.

In a few states, the development of active groups of adoptive parents, which express varying philosophies concerning transracial and intercountry adoption, is seen as a new force in the adoption field. Some states, lacking experience in working with advocacy groups, have uneasy relationships with such groups.

Recruitment of Homemakers

In resource mobilization, the recruiting of homemakers is the responsibility most likely to be delegated to a nonpublic organization. A majority of the homemaker services which are available appear to be purchased from voluntary or proprietary agencies which recruit, train, and supervise their own personnel. A few states, at least in some operating units, have both public staff homemakers and purchased homemaker services. Staff homemakers are generally recruited by the same procedures as other personnel, that is, civil service testing, classifying, and so forth. Homemakers are more frequently funded by CETA or are classified as extra-civil service under some exceptional procedure than are other classes of direct service personnel.

The techniques used for recruiting homemakers were reported to be satisfactory in most states and unsatisfactory in several. The primary issues revolve around the quantity of homemakers available, the geographic dispersion, and some philosophical differences concerning how a homemaker is used, that is, as a parent surrogate or as a teacher-aide to a poorly functioning parent.

At least one state (Iowa) operates a statewide homemaker service, and North Dakota has developed a homemaker training curriculum which is considered exemplary. One of the constraints on more adequate availability of homemakers, especially for 24-hour assignments, relates to unresolved issues of the applicability of wage and hour and fair labor practice laws to such services. Program staff in some states expressed frustration at their inability to demonstrate, in cost-effective terms, the merit of using homemakers for child welfare purposes.

WITHIN-THE-SYSTEM FUNCTIONS

For resource mobilization functions within the system (which include provision of consulting services and training and development of staff), these are the primary findings:

- . One-third of the states considered consulting services from "outside" experts to be satisfactory, while almost half believed that program consultation to operating staff was satisfactory. Few states expressed satisfaction with the amount or range of consulting services, especially legal services, available to direct service personnel.
- . Most states consider training and development of staff to be inadequate. Most available training is focused on generic social services or on implementation of policies and procedures.
- . A number of states provide special training for adoption staff or staff providing protective services, but these special efforts are not matched in other program areas. Foster parents may receive special training but the staff assigned to work with them is not afforded adequate training.

These findings are discussed more fully below.

Provision of Consultation Services

Two important components of program resource mobilization involve obtaining consultative services from outside the department for all levels of the department and providing expert consultation to operating units within the department. The former area was reported in the profiles to be generally satisfactory in about one-third of the states. The provision of program consultation to operating units was reported satisfactory in almost half of the states.

In more than half of the states, these functions are performed by the state office for local units or by regional area units for local ones and only rarely at the local level for local units. Several states report, however, increasing efforts to decentralize these functions, while a few plan to centralize to a greater extent. Outside expert organizations, such as national clearinghouses, specialized centers (e.g., the Denver Abuse Center), or major voluntary agencies with particular expertise, are often used to provide significant consultation in special program areas.

In the second area of consulting services, very few states expressed satisfaction at either the number of consultants or range of consultation available to direct service personnel, despite a range which spread from legal to nutrition to home management and maintenance. The most frequently mentioned lack was for adequate legal counsel for staff.

Training and Development of Staff

Staff training and development involves the provision of educational opportunities to staff to acquire the knowledge and experience necessary to perform adequately. It also includes the provision of opportunities to develop expertise beyond the minimum knowledge necessary to perform one's function.

Most states considered their staff training and development as inadequate. This is felt by states to be a critical problem because the level of experience and educational qualifications of personnel being hired are much lower than they were in the past, which places a greater burden on the training personnel of the agencies.

Adequacy of Staff Training

Only a few states have any specialized child welfare training available to staff. Most training available is related to generic human social services or is directed more toward procedures and policy implementation than toward skill and knowledge. A number of states have specialized training for one or more defined groups, such as adoption or protective service workers, group homes or foster parents (discussed below), or homemakers. However, these special efforts are generally not matched by a similar level of specialized training for other program areas in the same state.

Staff training is a shared state and local responsibility in most states, and a local/regional or state responsibility in a few. Certain defined aspects, such as educational leave stipends, may be solely a state responsibility while all other aspects are shared.

Only a few states were able to supply specific information concerning the number of personnel assigned to training functions. More than half of the states report having no personnel whose sole function is training. Often the first-line supervisor is practically the only source of in-service training, supplemented by generalized courses at local community colleges or other educational institutions.

A few states have established units whose function is the development of a sophisticated training curriculum and the media presentation of the material. In Texas, the regional offices are each given a Title IV-B grant of \$10,000 to purchase consulting or training resources and are expected to set their own priorities within state guidelines. Information on the use of volunteers by staff and fees for national experts to provide information to staff are examples of priorities mentioned in Texas. In Oregon, county workers spend four one-week periods in the state central office, followed by four weeks at the county office over a period of five months. Department officials feel that the combination of state-level and county-level training and exposure enables new workers to gain an understanding of their own job as well as how the job fits into the agency as a whole. This understanding, they feel, enhances worker effectiveness.

Less than half of the states have an educational leave program functioning at this time, and a number of those reported a marked curtailing of efforts in this area, partly due to cost and/or hiring freezes. More than half of the states report some part-time leave or tuition reimbursement arrangement for encouraging workers to increase their own skills and knowledge.

A few states arrange for all training, beyond the most elementary instruction in procedural matters, through schools of social work or other educational institutions. These arrangements include purchase contracts, informal cooperative agreements, and major joint involvement in the development of curriculum. In one state, a university is under contract to develop the state's training plan. Concern was voiced in a number of other states that much of the training available from schools of social work does not prepare staff to work productively with the involuntary clients who make up the bulk of the child welfare caseloads in many states.

Rather significantly, while training opportunities (or the lack thereof) and the level of staff training were among the weaker components of the system in the 25 states, a considerable number of strengths and exemplary features were identified. Examples include a post-graduate course in California focused on multidisciplinary approaches to service delivery, a handbook for family day care providers in North Dakota, sophisticated media training packages in Texas, and the rotation of new staff throughout the system to broaden knowledge and perspective in Oregon.

Opportunities for Foster Parent Training

in spite of several exemplary efforts, over half of the states reported a lack of sufficient, appropriately focused training for foster parents. Lack of funds and/or personnel and uncertainty about Title XX regulations concerning such training were cited as reasons for slow planning to fill this need.

Training opportunities for foster parents, using nationally or locally developed curricula and materials, appear to be on the increase, however, motivated in part by the activities of organized groups of foster parents and the Federal Government. The Minnesota Foster Parents Association, for example, approached the University of Minnesota, Department of Continuing Education in Social Work, about an extension course in foster parenting. A planning committee of representatives from the Foster Parents Association and local agencies developed a 10-session course. So far, more than 200 foster parents have been trained.

J. MANAGEMENT SERVICES

Management services are defined to include those support functions of an administrative nature (as compared to those of a programmatic nature) which must be in operation to deliver child welfare services. These functions will be found in any large-scale public or private organization and are generally considered to include:

- . planning;
- . organization;
- . staffing;
- . direction and decision making;
- . coordination and communication;
- . reporting;
- . budgeting; and
- . evaluation.

Several of these functions are discussed in other components of this overview report. Therefore this component will discuss the following activities as they pertain to child welfare service delivery systems:

- . personnel administration;
- . financial budgeting;
- . purchase of service administration;
- . facility administration; and
- . monitoring.

For each of these discrete functions, the survey identified several issues which must be addressed in establishing and maintaining management services which will help maximize the quality, quantity, and availability of child welfare services within each state's constraints.

PERSONNEL ADMINISTRATION

Elements of personnel administration to be discussed in this subsection include:

- . recruiting;
- . employing;
- . compensating;
- . performance standards;
- . workload standards;
- . union impact; and
- . civil service.

Other related elements are discussed in other sections of the report:

Service Delivery - staff qualifications, staffing patterns, staff training, use of paraprofessionals and case aides, and use of volunteers.

Program Resource Mobilization - qualifications and training.

The survey reported the following findings in the personnel administration area:

- . Recruiting efforts are generally inadequate.
- . Employing practices deter many competent job candidates.
- . Child welfare salaries are not always competitive with comparable positions in other human service programs or the private sector.
- . Performance and workload standards are not widely used.
- . Unionization is increasing and has both constructive and detrimental impacts on child welfare service delivery.
- . Civil service systems were viewed as constraints.

Recruiting

The continuing ability to attract new child welfare workers to the state system is important since normal attrition reduces the availability and number of staff. A poor recruiting process can severely constrain service delivery by providing insufficient staff to support the service delivery process.

The survey viewed the recruiting process in several states, but in only one state were the results positive. Texas had been able to hire a large number of new staff because of a budget increase. According to the survey, all of the remaining states for which recruiting information was gathered are experiencing recruiting difficulties, which often center around the recruitment of inappropriate or too few individuals. Examples of inappropriate individuals include those with inadequate educational or attitudinal backgrounds to indicate that they would be effective child welfare workers, or those who do not appear to possess the potential of being long-term employees of the child welfare services division.

Employment Practices

Employment practices are those activities which commence at the time of initial contact between the candidate and the social services or child welfare division, through screening, selecting, and processing, and culminate with either employment or rejection by the personnel system.

The survey identified conflicts concerning the employment process within locally administered states, in that both state and local units claim authority over local staffs, and court suits have been brought concerning this question. Locally administered states which are able to respond to this problem effectively and establish a statewide personnel system to which local units have the option to belong. The experience of these states has been that the larger local offices maintain their own system, while smaller ones often use the state system as a state provided resource.

The survey viewed employing practices in half of the states and found almost universal problems. First, many states are suffering from hiring freezes because of budgetary constraints. Second, civil service procedures and practices in the area of hiring in some states are so lengthy and complex that competent job candidates who commence the process often receive (and accept) other job offers before the child welfare division has been able to make and act on a decision.

Child Welfare Salaries

Obviously, salary is often an important factor in an individual's decision to take or keep a job. Competitive salaries for workers in a child welfare division, therefore, must be equivalent to those available to individuals of similar background in private or public sector child welfare agencies or other social service units in order to enhance employee stability. Competitive salaries can significantly reduce staff turnover.

The survey viewed compensation levels in half of the states and found a mixed reaction. In some states (Oklahoma, Oregon, Rhode Island, Utah, and Wisconsin), the salaries appear to be competitive. In others, however, the salary levels available for child welfare positions appear too low to be competitive with comparable positions in the state's other human service programs and/or with comparable positions in the private sector. (See state profiles for examples.)

Performance Standards

Performance standards are used to measure the general and specific outputs or production of staff and, indirectly, the impact of training and staff development programs. Most often, these standards must rely upon quantitative measures, such as the number of interviews expected, the number completed, and the number of home studies completed. (Qualitative measures are also available, but they are used more to evaluate individual performance than specifically to support personnel planning and service delivery.)

Performance standards are not widely used, and thus, the survey was not able to observe them in a sufficient number of states to make specific, reliable findings which can be generalized nationwide. The survey did not identify any states which appear to use successful performance standards on a statewide basis.

Workload Standards

Workload standards are measures of the time needed to complete a variety of activities required to fulfill some defined purpose. In child welfare, "workload" standards may be differentiated from "caseload" standards, in that the former consists of a number of time units for which a worker is responsible, while the latter consists of a number of cases, usually of different types, which take varying amounts of effort. Workload standards, based upon empirical studies of the time required to conduct the many activities involved in delivering child welfare services, can be developed for different combinations of child welfare activities so that caseload equivalents can be developed.

The survey was able to view workload standards in several states. According to the survey, processes of setting and measuring workload standards varied among the states, and nationwide trends were not clear. For instance, some states had alternative systems under study and had neither selected one for implementation nor begun using the information they had. However, Utah and Milwaukee County have established and implemented automated workload inventory systems including the assignment of caseload equivalents to workers. In several other states, attempts to develop workload standards are reported, although they are not empirically based; hence, their utility is not clear.

The need for workload standards in child welfare is emphasized by the fact that workers must interact with multiple clients--the child, the natural parents, the foster parents or institution, collateral contacts, and the courts. Further, in some agencies, workers specialize in

finding foster homes or in adoptions; in other agencies, workers include child welfare in their general social services caseloads. Thus, different types of workload standards may be required, depending upon worker specialization/generalization.

Impact of Unions

More and more states have statewide social worker unions (and in some larger cities, local office unions). The purposes of these unions often change, and may vary from loose professional or state employee associations to more activist organizations that are determined to play a role in service planning, administration, and delivery, according to members' perceptions of their priority problems at any given time.

The survey viewed the impacts of activist-type unions on the various aspects of service delivery in several states. In each instance, these impacts apparently have both constructive and detrimental aspects. According to the survey, these unions have been successful in raising professional standards and in raising salaries in several states. Other constructive aspects include, for example, active involvement of the union in Massachusetts in the development of a weighted caseload system.

Detrimental aspects of unions reported by state personnel include the forced abolishing of a significant number of vacant positions in one state to provide benefits for other jobs. In other states, frequent union-sponsored projects appear to require extensive caseworker time and thus disrupt the normal day-to-day service delivery arrangements and procedures.

Impact of Civil Service Systems

An integral part of any governmental personnel administration program is a civil service system, which may vary significantly in its impacts and complexity. These systems have been established on the valid premise that standard and routine procedures should be developed and implemented to administer controls over the functions of a large group of workers who have different backgrounds, skills, jobs, and job requirements. These controls are designed to protect against the "spoils" system of public employment and to replace it with a merit system.

Unfortunately, according to the survey, civil service does not always function in the positive way in which it was intended. The survey viewed effects of the civil service systems in half the states and

discovered serious and widespread problems. The policies and procedures for hiring, classifying, and assigning professional staff appear to be almost uniformly inflexible, especially in cases where rapid action or special exceptions to rules are required to hire, retain, or promote an outstanding worker. Position classifications are especially rigid and seem oriented more toward positions requiring less complex operations and situations, such as clerical or mechanical positions, rather than toward positions such as child welfare workers.

The civil service systems could not effectively address issues relating to screening and testing job applicants. Frequently, according to the survey, only general-knowledge rather than special-knowledge tests are used. Often only the top three scoring individuals are considered for employment, according to many civil service systems, although other individuals on a civil service register may be better qualified for child welfare positions.

FINANCIAL BUDGETING

Financial budgeting is that process of estimating personnel, financial, and related resources which must be available for use in providing services within existing, altered, or planned programs to an anticipated client base. The survey identified a number of issues regarding the financial budgeting process, including the following:

- Both program budgets and line-item budgets are used, according to the pattern which exists in each state.
- Although advanced programming and budgeting techniques were in use by some high-level state administrations, they are applied to child welfare programs in only a few states.
- In many states sound procedures are found for participation in budget formulation by most levels of the agency.
- Budget formulation in locally administered states was viewed as a more difficult task as the state office must wait until local governments plan their expenditures.
- Multi-year budgeting was viewed as having both positive and negative impacts.

Line-Item and Program Budgets

States most often use either a line-item budget, which lists specific identifiable items for which funds are to be expended, or a program budget, which integrates line items to identify, on a more comprehensive basis, the actual expenditures for each given program.

The survey viewed the budgeting process in half of the states and found equivalent numbers of line item and program budgeting states. The program budgeting states appear to be effectively using this budgeting technique to comprehensively organize and compare their activities. However, it is interesting to note that the states using line-item budgeting reflect both positive and negative impacts of this type of budgeting, according to the survey. On one hand, the identification of each specific expenditure item might constrain state legislatures from cutting the budget substantially, since each budget item listed is a key element to overall service delivery. This position is partially supported by the observation that program budgets are more easily cut by legislatures, since entire programs which are not viewed as priority areas by the legislature can be eliminated.

This benefit is subject to the countervailing fact that line-item budgets are subject to the traditional problems of attempting to identify comprehensive program expenditures and related data from budget line items which are not consistently divisible by program area criteria.

Use of Advanced Programming/Budgeting Techniques

A variety of advanced techniques of programming/budgeting, such as management by objectives (MBO), planning-programming-budgeting systems (PPBS), and zero-based budgeting, are used in many areas of public sector activities and would be quite applicable to managing child welfare services.

Although the survey found that advanced techniques are in use by some high-level state administrations, they are not often applied to child welfare programs. The survey was able to view few instances where these advanced techniques are used for child welfare. However, when they are used, they appear to be providing more specific and useful information to program planners and managers. Examples include the use of MBO in social service programs in Michigan and zero-based budgeting in Oregon and Washington.

The survey identified a potential problem that is likely to grow more serious as the use of these techniques becomes more widespread.

All states will have to recognize, accept, and apply a standard set of definitions and operating criteria for these techniques since it was clear that not all states currently do. A standard set of definitions and operating criteria will also be required on an intrastate basis in locally administered states. Without this assurance, the generation and consistency of comparable data across states will continue to be unreliable.

Local Office and/or Line Unit Involvement in Budget Formulation

Because budget formulation is a cumulative process and involves several layers of organization within the bureaucracy, the various layers should have a voice in the budget formulation process to assure that the budget properly reflects the organization as a whole.

The survey considered the budget formulation process in almost all of the states. According to the survey, local office and/or line unit involvement in the budget formulation process appears to be effectively used in many states and results in well-developed budgets which local offices, line units, program managers, and division executives can support. This was made possible by ongoing dialogues among local offices and line units, and the budget decision makers before, during, and after the formulation of the budget document. (An example of this approach is the Budget Analysis Committee in Oklahoma, whose membership is comprised of line unit managers, which helps assure that line unit considerations are addressed in the budget.)

In other states, however, the budgeting process does not allow for a two-way dialogue. For example, some instances were cited in which local offices or line units made budget requests but were not aware of the actual resources to which they would have access until a much later date. In other instances, some local offices or line units do not participate in the budget formulation process at all. These local offices or line units are simply allocated a block of resources by the larger organizations and have to operate under externally imposed resource constraints.

Budget formulation in locally administered states was seen to be a more difficult task than in state-administered ones. In locally administered states, the state central office must wait until all local offices plan their expenditures and then assemble these sub-budgets for the rest of the program at the state level.

Impact of Multi-year Budgeting

In planning and administering ongoing programs, such as child welfare service delivery, the application of multi-year approaches has the potential of enhancing program continuity and effectiveness, since significant annual changes in programs would theoretically cease to be an issue.

The survey noted that several states, especially those operating under biennial legislatures and budgeting cycles, use two-year planning and budgeting. In some of the states, positive impacts were noted, such as:

- the annual crisis and conflict period attributed to one-year budgeting is eliminated; and
- program planning and implementation continuity become more feasible.

However, according to the survey, several other states appear to be constrained by two-year budgeting because they cannot estimate their caseload demands sufficiently to arrive at accurate estimates of what the second-year responsibilities will entail. These states also appear concerned over federally mandated program changes and intra-state program initiations which would impact expenditures of funds allocated for other purposes in a close-ended biennial budget.

FACILITY ADMINISTRATION

Almost all states have institutions for the residence and care of dependent, neglected, or delinquent children. In some states, all such institutions are managed by the state or local governments; in some, they are all privately managed, while other states have both publicly and privately managed institutions. Although deinstitutionalization, combined with the further development of community-based facilities, is a current goal in child welfare practice, institutions remain a significant part of the child welfare service delivery system in many states.

According to the survey, almost all states have formulated plans for maintenance and periodic surveys of child welfare institutions for both client monitoring and conformance to safety or related standards. The periodic surveys and the planned and implemented maintenance appear to help keep institutional administration in conformance

with general program administration, although the traditional constraint of inadequate funding for institutions often limits the scope and quality of some institutional programs.

An emphasis on deinstitutionalization in the states is bringing about major shifts in program focus and facility requirements. A critical question is whether children should be taken out of institutions before there is assurance that community facilities exist to accommodate them, especially those with special needs. In many states, serious and fundamental tensions prevail among and between social workers and private groups concerning this issue, its validity, how it ought to be implemented, and its short- and long-term impact.

PURCHASE OF SERVICE ADMINISTRATION

The range and extent of services which must be provided for children in every state is the basis for the extensive purchase of service arrangements in most state or local governments. Private child care agencies and/or other governmental units are involved in providing services, and these services are purchased by the public child welfare services division. The survey found two major issues: the variation in the use of purchase agreements and the lack of uniform, well documented purchase policies and procedures.

The significant range in the amount of services purchased is a function of the following elements:

- Traditional role of private agencies - in New York City and Philadelphia, with their long heritage of many active private child welfare agencies, approximately 80-90 percent of all services are provided by purchase.
- Availability of adequate private sector resources - in states where inadequate private sector child welfare agencies exist, the state (or local) office has little choice but to provide most services directly.
- Adequacy of staffing and/or funding - in states where staffing and/or funding has been adequate, there is less need to purchase a large amount of service. (An interesting example is Oklahoma, where only 5 percent have been purchased in the past, but where a hiring freeze has been imposed causing a greater need to purchase services.)

Because purchase of service is a method of service delivery used in increasing numbers of states, and because the policies and procedures surrounding purchase of service can become quite complex, specific policies and procedures for administering purchase of service should be documented and used.

The survey noted that purchase of service policies and procedures have been established in most states. However, the degree to which they are documented is often a function of the portion of services which are purchased. In a state which does little purchasing, the policies and procedures are not as sophisticated or well documented as those in a state which is heavily involved in purchasing or has had a long history of purchasing services.

Many voluntary agencies contacted during the survey were critical of state delivery of service procedures. Among the complaints were the following:

- . Full costs of services provided are not reimbursed and/or payment is slow, causing cash flow problems for private providers.
- . There is a lack of statewide uniform plans which results in different localities paying different rates for the same service.
- . Increasing accountability requirements of Titles IV-A and XX are demanding a level of program and cost information which is difficult and expensive to produce, and which the states are not recognizing as a bona fide expense item for private providers.
- . Increasingly, the additional accountability requirements mean that the agencies must set up automated systems to produce needed data.
- . Different purchasing agencies have different program and cost requirements, fiscal years, and reporting formats.

It now appears that Title XX, combined with staffing freezes, will result in increases in the amount of purchase in many states, some of which do not have purchase experience. Several states are in the process of upgrading and automating their purchase procedures.

The increased amount of purchase is also changing the role of the workers. Some workers who formerly worked closely with children

are now spending an increasing amount of their time in contract negotiations and monitoring activities.

MONITORING RESPONSIBILITIES AND METHODOLOGIES

Monitoring is defined to include activities directed toward establishing process objectives and schedule targets, collecting information on actions taken, assessing compliance with schedules, and taking corrective action in a timely manner. Therefore, monitoring issues are often viewed as being of special concern to the child welfare services delivery division as well as part of the administration of purchase of service.

Because a number of individuals and/or organizational subunits may be involved in the monitoring process, it is clear that this process will be more rationally and effectively administered if responsibilities are documented. The survey noted that monitoring responsibilities are documented in half of the states. Although they appear to function adequately in many of these states, survey results indicated that this documentation was insufficient in other states to the extent that they rendered the monitoring process ineffective. For example, some states simply term monitoring a supervisory function and expect case-work supervisors to perform monitoring, but do not specify how this function is to be integrated with other supervisory tasks.

As a corollary to this point concerning documented responsibility, the establishment and maintenance of objective, organized, and documented methodologies for monitoring are essential to an effective monitoring process. The survey noted that the monitoring process is backed by some type of objective, organized, and documented methodology in half of the states. Although they appear to support the monitoring process adequately in many of these states, survey results indicated that the methodologies are insufficient to support the establishment and/or maintenance of effective monitoring processes. As noted above, some states consider monitoring as a supervisory function but do not provide adequate methodologies for carrying out this function.

Some states fail to establish or specify targets and schedules as part of the monitoring process, which results in an unbalanced and inherently ineffective monitoring process. Documented methodologies which are not associated with schedules and/or approaching targets are essentially useless. The absence of schedules and targets prohibits any assessment of the effectiveness of the methodologies.

Once a methodology for monitoring has been established, it should be tested in actual practice to determine its efficiency and usefulness. The survey indicated that few states have been testing their monitoring methodologies empirically or for a significant length of time. This in itself is an interesting finding, for not only does it point to an area in need of further research, but it also tends to suggest that many so-called methodologies used by states for monitoring do not lend themselves to critical analysis and testing, and thus may not be scientifically structured monitoring techniques at all.

A major purpose of monitoring is to develop information concerning the efficiency and impact of the various services delivered and to use these findings as input to both the needs assessment process and planning for corrective actions. This type of feedback loop constitutes a very practical element of supporting the full service delivery system.

According to the survey results, few states were observed to have developed operative links between monitoring systems and needs assessment and corrective actions. In part, this situation stems from the fact that few states have developed monitoring systems, especially of the automated type, which are capable of generating quantifiable and consistent monitoring data.

An example of a system which does produce useful monitoring information is the Child Care and Placement Information System (CCPIS) in Michigan, which indicates missed targets or schedules, as well as relevant corrective actions, for worker use in providing subsequent services. Another example is the Oklahoma automated Services Information System (SIS) which includes a "time to accomplish" objective against which a "tickler" system produces reports for workers and others in the system.

K. OUTREACH

Outreach consists of a series of functions to (1) communicate the need for and the availability of services to potential users and the general public, and (2) assist high-risk groups and potential users in using the agency's services. A number of functions were identified as outreach, but three outreach functions are considered critical and essential: (1) cultivating referrals from high-risk groups; (2) educating the community; and (3) organizing casefinding efforts in priority areas. Other functions include public relations, publicizing service availability, formal procedures for public releases, preparing literature on services, and making the public aware of gaps in services.

These outreach functions in support of child welfare services can best be accomplished by designated staff within the framework of a formal structure. This subsection will focus on those activities within state systems which serve an outreach function relative to child welfare and the organizational location and staffing pattern of those functions.

The above listed functions of outreach are frequently related and usually performed by the same local staff, with the exception of a few states that have hired public relations staff. No distinct staffing pattern was found for any of the activities. In almost half of the states, varying numbers of staff are assigned to perform one or more of the outreach functions as part of their total job responsibility. In a few states, information and referral are considered an adjunct to outreach. An information and referral system can reach many potential clients before a critical or chronic stage and thus serves as a preventive service. In a few states, outreach is tied to resource mobilization, particularly in adoption and foster home recruitment. The media campaigns, interagency program development, and community planning efforts are often jointly directed at raising the level of understanding of children's services, increasing resources, and case-finding. In nearly all states which emphasize only one outreach function, the emphasis is on public relations, rather than the functions considered crucial to a viable outreach--that is, casefinding, cultivating referrals, and community education.

The major findings in the outreach area discussed in this section include:

- . With the exception of a few states, outreach functions receive a low priority. A few states expressed reluctance to undertake an outreach program because current levels of applications for service exceed the staff's ability to respond promptly and effectively.
- . Few outreach activities are directed toward cultivation of referrals from high-risk groups and more than half the states reported no activities in this area.
- . Community education is generally neglected.
- . Several states have projects designed for specific areas of casefinding in protective services of pre delinquency, but only one state has begun a broad program of identifying and reducing high-risk groups.
- . Most states reported they were concentrating their outreach efforts on public relations; however, recent recession cutbacks have seriously curtailed or in some cases eliminated this activity.

PRIORITY OF OUTREACH

Outreach functions are "a low priority in almost all states. One state rates its own outreach as inadequate and failing to generate understanding and support. In a few states, advertising services are not emphasized or even discouraged if an agency has more cases than it can adequately handle. State personnel commented, "To advertise services which cannot be provided creates false hope and is counter-productive."

For example, one state used television spots to recruit foster homes without sufficient staff to respond. In another state, current levels of applications exceed the capacity for prompt response and resource planning, and another state expressed "reluctance" to undertake a sizable outreach program for the same reason. A few states consider the cost of printing and other media as too expensive.

CULTIVATION OF REFERRALS

Cultivation of referrals involves contacting potential referral sources in communities or areas targeted as high risk and encouraging referrals to the agency's appropriate services.

Very few specific activities were identified that are directed toward accomplishing this task other than including the cultivation of referrals as part of the worker's ongoing job of service delivery. A few states have developed protective service "hot lines," and a few mentioned general information and referral services that worked well, such as in Washington and Iowa. In Connecticut, a statewide voluntary agency maintains an information "hot line." One state devotes particular attention to reaching Spanish-speaking clientele.

Special mailings are used by a few states. For example, one state sent a special mailing of service availability brochures to individuals and organizations that deal with high-risk populations, and another state sent a mailing to all parents of children in care. Many states focus on child abuse as a special target. Texas, for example, has an outstanding multimedia program aimed at getting doctors, lawyers, police, and neighbors to make referrals. However, more than half of the states report no activities in this area.

COMMUNITY EDUCATION

The community education function is aimed at interpreting problems and the reasons for problems as well as publicizing community resources available to help.

One state described its activities in this area as "as time and opportunity provide," which seems to characterize the general efforts being made in most states. A few mention speeches and appearances by public welfare officials, county directors, and staff before consumers, potential consumers, providers, and the general public. Radio and television announcements and newspaper articles are included more under public relations efforts and are related to a specific program, such as child abuse. A family day care paraprofessional project in West Virginia included in its budget specific funding for the community education aspects of the project. This multimedia, statewide program is geared towards educating the general public about normal child development and how to recognize special problems as they occur and affect a child's growth.

Although not viewed specifically as a method of community education, a strong volunteer program (such as in Missouri) can convey effectively the goals and programs of the agency to a certain segment of the public. Utah has a clearly defined concept of the importance of providing public information about the agency. Certain agency personnel are assigned to spend time with key personnel in parent and teacher associations, schools, clubs and fraternal and consumer groups to acquaint them with the availability and nature of service. In addition, other key staff are assigned to maintain continuing contact with state legislators, county commissioners, and other decision makers to inform them of the changing need of the high-risk population. Deliberate emphasis is placed by Utah on cultivating organizations and fulfilling requests for speaking engagements on specific issues.

CASEFINDING

Casefinding consists of the activities of an agency to identify individuals in need who have not yet asked for service, on a case-by-case basis in priority problem or geographic areas.

While the survey discovered that general and ongoing casefinding was limited, a number of noteworthy casefinding approaches were identified. Illinois has a field team responsible for casefinding outposted to cover certain geographical areas. Utah has begun a unique method of casefinding by using a listing of current clients' zip codes to target high-risk areas within a district. The assumption, not yet evaluated, is that with an aggressive outreach program directed at the target areas, the agency will find people in need of services similar to the current client population.

In several states, the most specific casefinding comes from the child abuse reporting law, which is an automatic method of casefinding. For instance, Massachusetts reported a 400 percent increase in protective services cases since the new law went into effect in 1973.

Casefinding in certain prescribed areas, such as predelinquency, frequently comes from court referrals or, as in New York City, from a liaison person assigned to the family court to identify new cases. A few states have projects designed for specific areas of casefinding. For example, Parkersburg, West Virginia, has a project to identify cases for which predelinquency and protective services are needed. Texas has let a contract to identify predelinquent youth.

PUBLIC RELATIONS

The public relations function consists of informing the public about the agency, the types and purposes of services, how they can be secured, the importance of the agency, and what the agency is doing to benefit the community.

In contrast to the above-mentioned critical elements in outreach, most of the states reporting outreach efforts concentrate on the "public relation" functions--publicizing services, affecting public awareness about gaps, and producing printed or other visual materials for public distribution. In more than half the states, the outreach functions, including public relations, are described as limited to protective services. This is greatly influenced by the state mandatory reporting and the attendant publicity to make known the reporting.

Publicity for programs, such as child abuse and delinquency prevention, which are heavily funded from federal or other sources tends to be carried out with television spots and programming, "hot lines," photography, posters, and other media methods that are considered too expensive to be funded from an agency's regular operating public relations budget. The same federal encouragement and emphasis is given to early screening and diagnosis, developmental day care, family planning, and infant stimulation in a few states. Publicizing service availability and preparing materials about a program are frequently viewed as luxuries rather than as an integral part of a service delivery system. For example, in one state, the entire public relations staff was eliminated in the program budgeting process as an economy measure.

Public relations functions are dependent on leadership in the state offices, district offices, and counties. Colorado includes the function as part of the job assignment of community organizers assigned to the populous counties. Several other states split the function between county and state personnel. Texas has a state office media unit with the capacity and skill to produce its own professional, high-quality film and training modules.

Several states, including North Dakota, California, and Illinois, have colorful, attractive, and readable brochures to describe their services. Widespread distribution is made to offices, schools, hospitals, and even airports and other prominent places. Many states use monthly newsletters or magazines, such as Case and

Counsel (North Dakota), Tennessee Record, and Sparks (Illinois), which receive national as well as state distribution. Almost half the states report that the public review process required for Title XX (with the attendant newspaper printings of the state plan and news releases) has provided greater visibility to their entire program.

L. CLIENT RECEPTION AND REFERRAL

Client reception refers to the way in which consumers are introduced to the provision of services, including agency efforts to be accessible and helpful, or to screen people before they become part of the system. Referral is a service provided by an agency to direct a client to another part of an agency or to another agency which can provide the service required.

Adequate client reception and referral for child welfare services should assure statewide, 24-hour accessibility, and prompt provision of appropriate services. The reception and referral arrangements should reflect the immediacy of need in the case of suspected neglect and abuse as well as the unique nature of child welfare, which involves a service in behalf of a child rarely able to ask for it directly. Formalized but flexible procedures best assure adequate performance of these functions.

Client reception and referral were not observed directly by project staff, and consequently this overview does not deal with matters such as the physical comfort of waiting rooms. However, information on aspects which are crucial to adequate client reception--accessibility, intake procedures, and 24-hour availability--is presented first, followed by a discussion of client referral.

The survey's overall findings on reception and referral include the following major issues:

- . Accessibility of services is a problem, especially in sparsely populated areas with lack of public transportation.
- . In most states other than the three with separate child welfare departments, intake for child welfare services is not handled separately except for protective services.
- . Availability of service on a 24-hour basis is exceedingly limited. Almost half the states report 24-hour coverage but many times this is for reporting emergencies only, and backup services are scarce.
- . Referral of clients is handled at the local level and usually according to standardized agreements with other agencies. However, most states reported a lack of follow-up in the referral process primarily because of the limited availability of staff time and inadequate procedures.

AGENCY ACCESSIBILITY

The accessibility of the agency can help the client to feel welcome and accepted. Accessibility can also be an implicit screening device by effectively rejecting clients who are hesitant about requesting service or who cannot deal with the barriers to service which the agency sets up.

Problems of accessibility vary according to the size of the service area. States reported that in sparse areas, the lack of public transportation and the fact that people are spread out geographically make physical accessibility very difficult. In more densely populated areas, agencies may be more conveniently located for potential clients, but there may be a lack of visibility of services, or a stigma to receiving services. Another widespread problem is that, although 24-hour emergency service is often available (see below), ongoing services are often available only during working hours, thereby excluding working people who are unable to take time off from their jobs.

Several states have decentralized some of their offices or are in the process of doing so. In one county in Minnesota, a social services office has been located in a shopping mall and has attracted a broad spectrum of consumers. Some areas in Virginia have opened neighborhood offices. In Utah, some workers have "detached duty" and are "stationed" in other agencies, such as schools, to facilitate the reception of referrals. Illinois field teams assigned to a specific geographic area are the primary casefinders. They relate to the press, community agencies, and health and welfare councils and use other means of publicizing service availability and cultivating clients.

INTAKE PROCESSES

Intake processes vary considerably within almost half of the states. The difference depends mostly on the size of the office, which is based on population density. Larger offices have intake workers or intake units; in smaller offices, caseworkers rotate the intake responsibilities.

The three states with separate child welfare departments (Illinois, Oregon, and Connecticut) have a separate intake process for child welfare services. In others, intake for child welfare services is generally not treated separately, except for protective services. In about half of the states, protective services workers perform intake and case plan development, and carry out services in cases of suspected abuse or neglect. In a few states, adoption services are also treated separately.

AVAILABILITY OF 24-HOUR SERVICE

Almost half of the states reported 24-hour emergency "coverage" throughout the state, many reported coverage in some parts of the state, and a few have no coverage at all after office hours. However, the definition of "coverage" varies. Generally, a worker is "on call" to the police and hospitals. Sometimes a special telephone number is publicized. Back-up services, however, are usually scarce.

Many states lack emergency shelter care and emergency foster homes; emergency homemaker services are a rarity. In some states small counties use county jails and arrange for informal and minimum security facilities for neglected or abandoned children. The Comprehensive Emergency Services System of Nashville and Davidson County, Tennessee, is a 24-hour service which includes complete back-up services for the worker who receives the call.

REFERRAL SERVICES

As previously defined, referral is a service provided by an agency which directs a client to another part of an agency or to another agency which can more appropriately provide the required service. Sound referral requires documented procedure, updated resource information, follow-up, and cooperation with the other agencies.

In most states, standardized agreements, usually verbal, exist with other agencies regarding procedures for referral and service coordination. These agreements are usually handled at the local level. In Louisiana, special assistance, including escort service, is given to persons referred to other agencies.

Hennepin County, Minnesota, has a computer-assisted resource file for the use of public and voluntary agencies. In most medium-sized and large communities, a health and welfare council publishes a list of resources. These lists, however, are of limited value, since they are often outdated.

Generally there is a lack of follow-up in the referral process, mostly because of lack of staff and inadequate procedures for doing so.

M. DIAGNOSIS AND SERVICE PLAN DEVELOPMENT

Diagnosis is the determination or analysis of the course or nature of a problem or situation. Service plan development is the determination of a course of actions designed to ameliorate or remedy the problem or situation. Appropriate diagnosis and service plan development for child welfare should provide for sound decision making processes by qualified personnel with access to specialized consultation and should be subject to appropriate review and monitoring. Decisions should be based on adequate information and knowledge of resources.

The information gathered by project survey teams is of a general nature. This section focuses on resources available for diagnosis, the assignment of and approach to the case plan development, and devices for supervision.

The following survey findings regarding diagnosis and service plan development are discussed in greater detail in the remainder of this section:

- Although a critical part of child welfare, the diagnosis process is generally reported to be weak in the 25 states, primarily because of the inadequacy of staff training.
- A few states have diagnostic centers, but these facilities cannot serve all children nor can they be accessible to all parts of a state.
- Service plans are usually developed informally between worker and supervisor. In only three states was there a formalized method of developing and implementing a case plan. Supervision of service plans, except in those three states, is an informal process involving only the worker and supervisor.
- Caseloads that include many kinds of cases reportedly have proven to be a problem especially in carrying out service plans. Differences in eligibility requirements, available resources, and reporting requirements make the span of knowledge required difficult to encompass and retain.

DIAGNOSIS

In all states surveyed, both diagnosis and initial service plan development are the responsibility of a lineworker, usually the intake worker. In larger offices, the case is transferred to a service worker, who takes responsibility for the ongoing service plan. The caseworker makes decisions in conjunction with a supervisor. A few states have personnel with master's degrees in social work at the supervisory level. In general, however, the quality of training for online staff (both caseworkers and supervisors) and its specificity to child welfare are not sufficient for the kinds of diagnostic decisions that they are called upon to make. (For a further discussion of staff qualifications and training, see "Program Resource Mobilization.") Specialized case consultation is available to direct service workers in a few states.

About half of the states have special diagnostic services either through centers operated by the social services department or other state departments or through purchased services. However, these services are not always physically accessible to the local offices. Specialized diagnostic services are particularly helpful in cases of emotional disturbance, mental retardation, or health problems. In Michigan, a network of group homes and community-based facilities are often used to permit observation and assessment of the child's needs.

SERVICE PLAN DEVELOPMENT AND IMPLEMENTATION

Arrangements for implementing the service plan are usually by informal agreement between the worker and the supervisor, although some states have more formalized methods. In Louisiana, the case manager approach is used; it is a goal-directed, problem-focused method of determining barriers and services requested or needed. Continuing services are reported to the supervisor at the end of the month in which delivered. Noncontract (noncontinuing) services are reported within a week of delivery of the services. In Utah, the client has the right to check on his plan for service. Illinois uses a formalized "Service Plan Agreement," which provides for scoring or coding of achieved and unachieved goals, goal-setting, and action planning between worker and client. Such agreements will be required under purchase of service contracts as a monitoring device.

Almost half of the states use a different approach to service plan development for protective services, which are carried out by special units of workers. No other problem or service area appears to receive this kind of specialized approach, with the exception of purchased services which vary considerably from state to state.

Supervision of Service Plans

Supervision of service plan development is a process by which persons other than those who develop case plans review cases on a regular basis to check on quality of decision making and planning and ensure accountability in the carrying out of service plans. Ideally, supervision should be a formal, regular process which is carried out by someone other than the case worker or immediate supervisor, since the immediate supervisor initially approves the service plan development.

Service plan supervision in most states generally involves worker and immediate supervisor; occasionally a periodic review of randomly selected cases is undertaken by an administrator. The survey revealed that, except in more formalized plans for implementation mentioned above (which may be considered monitoring), the process can be described as generally informal and possibly inadequate.

The component of diagnosis and service plan development is critical to the child welfare services delivery systems in the states, and yet the amount of information available at the state level was inadequate to answer the following basic questions:

- . Is the knowledge of resources adequate to develop service plans?
- . Are resources used creatively in service plans?
- . Is the decision simply to place or not to place, without regard to resources?
- . Are there definite arrangements for the implementation of a plan?
- . Is there monitoring of the plan?

The significance of the lack of state level information reflects the almost universal lack of adequate statewide case monitoring systems. These questions will be examined in the indepth studies of five states in this project.

Impact of Mixed Caseloads

The problem of mixed caseloads was brought up in several states. It is considered a serious constraint in the efficient implementation of service plans, since differences among programs in eligibility standards, resources, and reporting requirements make the span of knowledge and working relations required of individual workers difficult to encompass. Mixed caseloads may also deter the development of expertise in child welfare, especially among workers who were inadequately trained to deliver services initially.

N. SERVICE DELIVERY

Service delivery includes those processes which make available resources appropriate to fulfill established objectives. Quality child welfare delivery should have a wide array of programs and services available to assist the client in resolving situations or problems in accordance with flexible but clear goals and objectives. Child welfare service delivery includes all those activities directly concerned with providing services and programs to clients on a case-by-case basis. At the operations level, services are provided in three ways: (1) direct provision, (2) purchase, and (3) arrangement with other organizations.

Strengths regarding service delivery tended to be reported by the surveyed states either in the general terms of leadership, good community relationships, and commitment to high standards, or in terms of one or two specific programs or services which were illustrative of goals or objectives which the state had enunciated. Experienced and committed child welfare professionals in high-level positions of the state administration are reflected in the development of organizational structures and the command of the resources necessary to deliver broad-based, comprehensive services to children, youth, and their families.

As in the case of other components, almost all of the states found it easier to identify weaknesses and constraints than to specify strengths and exemplary features. Constraints mentioned in several states include low visibility and advocacy for children, differing philosophies among various lobby groups and program interests, Title IV-B funds which are no longer reserved to highlight special efforts or for training uses; a crisis, rather than a preventive, orientation to the program configuration, and coordination, accountability, and reporting demands which drain time from direct services. Unrealistic or incompatible rates, poor transportation, and inadequate organizational structure or placement were also mentioned as constraints in several states.

Insufficient funding is perceived to be the underlying cause of most of these constraints. The constraints are further seen to be so interlocked as to be nearly inseparable; for example, caseloads not covered because of hiring freezes and inexperienced staff contribute to crisis after crisis with little attention paid to preventive efforts. New mandates without additional staff or appropriations spread existing personnel and resources even thinner. Fragmented and overlapping

programs and categories take increasing time and expertise to coordinate while reduced personnel levels lead to less availability of time and skill. This composite picture was portrayed by many of the states.

Specific constraints which hamper adequate service delivery will be addressed as part of the individual subsections.

This section will address the following interrelated topics:

- . Services - focuses on the array of services, mix and geographic distribution of resources;
- . Special groups - examines the definition of special population groups, available specialized services, and the processes for identifying and serving exceptional groupings of children;
- . Eligibility - examines qualifying criteria and related procedures;
- . Staffing - describes configurations of personnel including the mix of disciplines and levels;
- . External Coordination - focuses on the procedures and processes for coordination activities with other organizations; and
- . Other Providers - focuses on organizations and individuals serving a common population and the mechanisms and relationships of coordination.

SERVICES

To understand the types of services provided under the rubric "child welfare," a listing of the following 12 services (with short definitions) was presented to the states:

- . adoption service;
- . day care service;
- . day treatment;

- . foster family care;
- . group home service;
- . homemaker service;
- . institutional care for children;
- . residential treatment;
- . shelter care for children in emergency;
- . social service for children in their own home;
- . protective service; and
- . social service for unmarried parents.

All but one or two of the above services are considered child welfare in most states. The services most often not considered child welfare were day treatment, residential treatment, and day care, in that order. Treatment services are considered as mental health services in several states, while day care may be considered an employment or family service.

Other findings on the number, location, and assessment of services includes:

- . In addition to the traditional child welfare services, some states engage in mental health services and services for status offenders and delinquents, and maintain detention facilities. Although states may be expected to provide additional services they report that they often lack the necessary resources and expertise to do so.
- . Almost half the states reported marked variations in geographic distribution and quantity of services. Availability and accessibility of completely adequate resources were perceived to be unreachable goals in most states.
- . Neither states nor the survey team could assess quality or quantity of overall services provided because of lack of needs assessment and effectiveness measurements.

These are to be discussed in further detail below.

Additional Child Welfare Services

Some states provide additional services, such as certain mental health activities or delinquency and court services. Wisconsin, Oklahoma, Washington, and Utah provide social services for the courts in their state. Delinquency services, child guidance clinics,

residential mental health care for children, as well as traditional child welfare services, are provided by a single organizational unit in Connecticut. New York City operates both secure and nonsecure detention facilities as an integral part of the child welfare program.

A number of states report that they are being expected to provide increasingly more comprehensive services to status offenders, although they often lack the necessary resources in terms of funds, personnel, and expertise. A service delivery organization that has the necessary resources for these wider ranges of services can facilitate provision of more comprehensive services. Many spokespersons believe that such complex service delivery, however, demands a high degree of administrative skill, organizational planning, and internal and external communication to function effectively.

A wide variety of additional services are considered child welfare in one or two states. They range from transportation and camping services to delinquency prevention, rehabilitation services, family planning, and educational services. These services are provided directly by purchase or agreement as with the more traditional child welfare services.

The impact which Title XX will have on child welfare is unclear according to many persons interviewed in the various states, since it will influence such aspects as resource distribution and eligibility criteria.

Most states reported that time limitations prevented more than superficial changes in their existing plans, because state budgets are well established for at least most of the first Title XX year. As a result, many states are only able to restate their programs in Title XX language.

In general, the survey found that public awareness and understanding of social services are enhanced by the Title XX public information requirements. However, a number of states feel that the public was misled into believing that there would be greatly expanded service programs--far beyond what the funding ceiling will permit.

Geographic Distribution and Quantity

Almost half of the states reported marked variation in their states regarding the geographic distribution and quantity of services necessary to meet perceived needs. Sparsely populated areas seem to

to be the least well provided for in the case of both the mix and the quantity.

Several states reported acceptable quantity and distribution of one or two services. Foster family care, adoption, and protective services were the most frequently mentioned. No state reported acceptable quantity or geographic distribution for shelter and/or emergency services for treatment (either day or residential) services, or for homemaker services. In a few states, the available data were either conflicting or insufficient, making an assessment of quantity and distribution most difficult.

The availability and accessibility of truly adequate resources were perceived to be an unreachable goal in most states. Comments were almost always prefaced by some caveat on the relativity of "acceptable" in the real world of day-to-day operations.

A number of states reported that services which include 24-hour care, such as residential placement or foster care, are less difficult to provide for children from sparsely populated areas even though it may require a child to be placed some distance from his own community. However, day care or day treatment services, which involve regular attendance and are dependent upon transportation, are difficult to provide in sparsely populated areas.

Over half of the states use out-of-state residential placements, and some use a great deal. At least one state has no in-state residential resource at all.

Assessment of Services

Neither states nor the survey team were able to assess adequately the quantity or quality of services provided because of the lack of needs assessment and effectiveness measurements as discussed elsewhere.

However, specific programs (sometimes those conducted as demonstration projects) were identified as having exemplary features or as having evaluation procedures integrated into their activities. Michigan contracts for some programs designed to divert youth from the juvenile justice system which include evaluation components.

Many specific programs, sometimes statewide but more frequently in a smaller geographic area, were singled out as of high quality. The types of services most frequently identified were adoption, developmental day care, and services to teenagers or status offenders. Examples given by states include skill-graded foster homes in Utah, a statewide network of services for runaways in Michigan, comprehensive emergency services in Tennessee, and developmental or therapeutic day care in a number of states.

Single examples of many service programs reported by states to be exemplary suggest high levels of effort and investment in some special locales and program areas. Many of these programs receive special federal funding.

SPECIAL GROUPS

Most states reported that eligibility and provision of services for exceptional children, whatever the nature of their difference, was the same as for any other child within the state. The survey found that child welfare systems, already constrained by limited numbers of staff and fiscal restraints on program expenditures, find provision of specialized services most difficult. Many states are unable to provide adequate levels of training for child welfare workers, and thus are even less able to provide special training for service workers to assist them to work more effectively with special groups of children.

In a corollary finding, several states reported very high levels of services for some particular group, frequently believed to exceed those services available to the nonexceptional children. The high level of services, often including both educational and medical services, was reported to correlate closely with advocacy groups focused on such conditions as mental retardation or blindness.

The exceptional child definition includes those with health-related conditions, such as visual, auditory, or neurological handicap, as well as those with a wide range of behavior-related characteristics requiring or receiving special services.

A wide range of other groups are considered "special." They include racial minorities, such as black or native Americans, and those whose primary or only language is not English. The Spanish speaking were the major non-English speaking minority, but Arabic and Portuguese speaking groups were also mentioned. Native Americans were mentioned in a number of states as requiring special attention because resources that can accommodate the child's cultural and language needs are frequently unavailable. Active trial courts have been effective in some states in highlighting the special needs of these children and their families.

Practically every state indicated that the multihandicapped child is the least well served of any group of children, no matter what their classifying characteristic. A few states, such as Connecticut, are moving away, by policy, from labeling children and toward a single system of service provision.

ELIGIBILITY

Traditional child welfare concepts have promoted need for service without regard to income, as the basis for eligibility. The survey found that eligibility is currently based entirely on need in only a few states. In the rest of the states, eligibility is based on some mixture of need and income levels, often combined with a fee. Fees for service are more common in day care than in all the other services combined. Eligibility for child welfare services varies from state to state and often from service to service or county to county within a given state.

In several states, fees for some child welfare services are being instituted under the Title XX plan for the first time. In many states, the income levels for eligibility for some services, if not for all, are set below the maximum income level allowed under Title XX. This effectively eliminates a large segment of the population from receiving services who would be eligible on a need basis. A few states expressed an acceptance of restrictive eligibility requirements because of the lack of available resources.

Many states feel constrained in providing supportive services, (such as developmental day care, education in parenting, and home-maker services) in protective service cases because tight federal definitions restrict such supportive services to income eligible families, even though there is no income eligibility limitation on protective services.

Eligibility for services is determined by the direct service worker in most states. In a few states, eligibility is determined by workers in other departments, especially in states where the child welfare agency is not the Title XX organizational unit. Less than half of the states report that they have developed some procedure for delegating eligibility determination functions to vendor agencies under the provisions of purchase of service contracts.

STAFFING

Staffing patterns or configurations vary widely, both within and among systems. Only a few states have job classifications specifically for child welfare functions, and several states use one or more of their higher level classifications for some or all child welfare functions. The remaining states have no special classifications. In many states, workers have child welfare functions as well as other service area and age group functions.

The 25-state survey resulted in these other major findings in the area of staffing:

- . Frequent departmental reorganizations have resulted in a dilution of the child welfare skills because workers now providing child welfare services frequently are drawn from staff experienced only in other service areas.
- . In many states, hiring freezes have prevented the replacement of skilled staff who have left, and frequently the least skilled remain to provide services.
- . Almost half the states report a commitment to professionally trained social workers for at least the supervisory and/or administrative functions in child welfare, but fulfillment of this commitment is often unclear.
- . Several states expressed concern about an increasing trend to substitute experience for education.

- The use of case aides (staff whose education is below baccalaureate level) in delivery of child welfare services is uncommon in all but a few states. Where they are used, their need for constant supervision and on-the-job training takes time away from an already overburdened staff.
- Many states report too few specialists giving consultation to local units in certain program areas such as adoption, foster family care, and protective service, especially in view of the minimum level of skill and training of the front-line workers and supervisors. Mid-level field consultation and specialists have been eliminated in a number of states, frequently for fiscal reasons.

General Child Welfare Roles

According to many of those interviewed, frequent reorganizations and mandated shifts in delivery modes have tended to dilute the level of skill and knowledge of child welfare workers. In some cases, workers performing child welfare functions have been drawn from income maintenance, adult, or health services and are ill-equipped to fulfill the roles required of them.

Some job functions, such as resource development (for example, recruitment of specialized foster homes or adoptive homes), are technical jobs that require skills other than those usually included in the civil service description for direct service personnel. Since separate job classifications do not currently exist, social workers are performing jobs which are not technically social work, although they may be classified as such. More precise classifications would permit use of other disciplines and more efficient use of specially trained staff.

Many states were unable to report on the numbers, classifications, and qualifications of their personnel. In many states, hiring freezes have prevented the replacement of staff who have left, and often the least skillful are left behind.

In a number of states the pattern of staffing is for general units to provide general social services, among them child welfare functions. Some larger offices have child welfare units or some program units (e.g., adoption or protective services) within a general social service. Workers responsible for generic caseloads must have a broader base of knowledge and skill than is required for a specialized one.

Almost half of the states report a commitment to professionally trained social workers for supervisory and/or administrative functions, although fulfillment of the commitment is often unclear. Specialized training and experience in child welfare are a prerequisite to employment in only a very few situations. Several states expressed concern about an increasing trend to substitute experience, often of a very generalized nature, for education at the baccalaureate level and below. Career ladder concepts which would facilitate lateral and vertical personnel movement are not well-developed in most states. Thus staff are often denied advancement within the system.

Case Aide Roles

The survey indicated that staff with education below the baccalaureate level, but with the skill to carry out certain assigned tasks under supervision, are not often used in delivering child welfare services. However, several states have developed special classifications for personnel with minimum, high school level training, and these classifications are reported to be very effective.

States have experimented with teams of case aides (particularly for foster family care or day care) assigned to a caseworker to accomplish tasks such as home studies. These persons may assist caseworkers in following up on inquiries by sending materials or by making a home call to explain the general requirements for licensing. Checking references and school records of children and arranging for films, brochures, and plans for group meetings for applicants are a few of the tasks assigned to such case aides.

In Illinois, a "multipurpose practitioner" is an ungraded clerical position with some professional responsibility, including reception of clients, initial intake, information, and referral. This position also provides upward mobility and responsibility for capable employees in lower, nonprofessional classifications. West Virginia currently has a Section 1115 project funded by DHEW to demonstrate the use of paraprofessionals in training family day care mothers.

Interviews with states using such staffing raised questions among state personnel regarding their use. The most common problem is that the tasks have not been sufficiently delineated between social worker and case aide so that a job description can be accepted and classified by civil service. The case aides' need for constant supervision and direction and for on-the-job training takes time away from an already burdened staff rather than freeing time. Since regular

staff positions and qualifications for them are already being downgraded, there is little incentive to create additional classifications calling for minimal skills and training.

Specialist and Consultant Roles

Specialists giving attention to certain program areas, such as adoption, foster care, or protective services, are fairly common in a number of states. Other specialists in a wide range of fields, such as nutrition, home management, family planning, legal issues, and research, are also scattered throughout the systems in many states.

Many states report too few such specialists (both in range and numbers) to provide adequate consultation to direct service units, especially in light of the minimum skill and training level of many front-line workers and the limited child welfare experience of many supervisors, even those with graduate degrees.

The mid-level field consultation and specialist level personnel, who are often stationed regionally, have been diminished or eliminated in a number of states, often for fiscal reasons. Direct service units thus handle large caseloads with complicated social problems, without adequate program support from the administrative structure above them.

A number of states are involved in formalized efforts to assess the effectiveness of different configurations and of the creative use of resources, techniques, and program modalities to maximize the use of the available staff and financial resources.

EXTERNAL COORDINATION

External coordination with other agencies serving a common population is most frequently informal. Referral procedures and various resource mobilization functions (discussed elsewhere in this report) result in some coordination. A few states report formal efforts directed toward integration of services with other agencies, often health or mental health related; however, over half the states identify severe weaknesses in this area. Several exemplary programs involving coordination with courts were reported by Wisconsin, Utah, and a few other states. Tennessee and Connecticut identified coordinating councils and interdisciplinary approaches to service which have enhanced relationships among those serving common populations.

Other major findings in external coordination, especially with the courts and the voluntary sector, include the following:

The most frequently cited problem was difficulty with the role, philosophy, and relationship with the courts.

Many states gave a mixed overall assessment of their coordination with other agencies. A greater degree of productive coordination was reported in states in which voluntary and public services have developed together.

Relationship With Courts

Observers found that the attitude of the courts in assuming greater authority in ordering special placement and treatment plans for children is creating problems for both the public and voluntary sectors. The court frequently makes the crucial decision as to whether a child enters the child welfare system or the corrective system. Unstructured docketing, lack of uniformity in legal interpretations among judges, and delay in judicial decision making are barriers to effective child welfare service delivery. These problems are extremely difficult to deal with because of lack of clarity in the roles of the courts and the agencies vis-a-vis each other, differing philosophy and priorities, and pressures to comply with various and often conflicting civil rights requirements.

In some states, the courts are funded to operate a separate child welfare service delivery system. This situation was viewed by state personnel to be a major deterrent to the development of comprehensive children's services. In other states, the social services of the court are actually provided by the child welfare agency. In some states, the court seeks involvement of personnel in the child welfare system to establish eligibility for certain funding.

Relationships With the Voluntary Sector

A few states reported that they had positive coordination and relationships with voluntary agencies, and a few reported that such relationships were strained and often counterproductive or conflicting.

Many states either did not specifically indicate an overall assessment of coordination with other agencies or reported a very mixed picture with goal coordination quite dependent on circumstances and

individual efforts and personality. A greater degree of productive coordination was reported in states in which public and voluntary child welfare have developed and matured together than in states in which one sector greatly overshadows the other in size, resources, leadership, and historical foundation.

PURCHASE OF SERVICE

States were about evenly divided between those who report purchase of considerable services and those which report purchase of just a small amount. The general findings were that the potential of purchase may not be fully used and that new resources should be developed.

Those states which depend less on purchase frequently report residential care as the primary service purchased. Many states report policies which permit a wide range of purchase but, as a practical matter, very little is purchased. Fiscal constraints or lack of available service providers from whom to purchase were the most frequently mentioned reasons for this. A few states are expecting the purchase power of Title XX funds to provide an impetus to voluntary agencies to develop new or expanded services.

Few states anticipate having the staff and other resources to provide as much consultation, training, or supportive services to provider agencies as they wish. Several states feel that there is potential for the development of purchasable services in their communities if they had resource development skill and staff to exploit that potential. Some states reported more attention is being paid to the monitoring and accountability aspects of purchase than to the program development aspects and the coordination with needs assessment.

O. DATA COLLECTION AND REPORTING

Data collection and reporting involve the systematic collection, processing, and reporting of financial and programmatic data. An efficient system generally requires a reasonable level of effort from staff and provides data on a timely basis, meets internal and external requirements, provides appropriate reports for the users, and collects only necessary data.

As a support function in a child welfare service delivery system, data collection and reporting procedures should provide a basis for financial and programmatic planning and decision making; monitoring and evaluating expenditures, services, and staff; and assisting all levels of staff to perform their respective responsibilities.

This section addresses the collection, processing, and reporting of financial and programmatic data from the source of the data to the reports which are prepared. This section also includes observations about the potential usefulness of the reports. (The actual usefulness of current reports is discussed in the subsection, "Usefulness of Reports".)

The 25-state survey indicates some significant differences between the financial and programmatic data currently available to a state child welfare division and the data which will be required under the Title XX Social Service Reporting Requirements (SSRR). According to the state profiles in some states, changes are being planned to improve the available data, including the Title XX SSRR data. The survey did not seek to determine Title XX SSRR compliance, and therefore is not described in all profiles.

Most of the survey states appear to be producing regular statistical reports on programmatic data. As reported in the profiles, almost half of the states cannot report actual expenditure data by program/service. As indicated in the discussion pertaining to the financing component, the cost per child served or per unit of service delivered cannot be reasonably determined in the absence of adequate programmatic cost data.

FINANCIAL DATA

One of the significant issues that emerged from the 25 state profiles is that complete service cost data by program are not available in about half of the survey states. This situation exists in seven of the ten states which are categorized as having locally administered child welfare service delivery systems and in about one-half of the states with state-administered systems.

The survey found that this lack of data availability seems to arise from three major factors:

- . lack of interest expressed by state personnel;
- . organizational location of the financial and reporting unit; and
- . organizational level at which data are collected (in locally versus state-administered systems).

In theory, the lack of cost data by program/service may also be attributable to either (1) an accounting system which does not have the capability to collect cost data by program/service or (2) high-level child welfare administrators who consider such programmatic cost data to be unimportant. Three states are currently revising their accounting systems so that at least the SSRR will be available, if not more detailed programmatic data.

The profiles also indicate that the personnel in some states do not consider programmatic cost data to be an essential element of the current service delivery system. An example of this attitude was expressed in one state profile: "State personnel interviewed expressed only a minimal need for programmatic cost reporting."

In some states, the organizational location of the financial accounting and reporting unit appears to significantly affect the general philosophy of the purpose of the accounting system. For example, in those states in which the accounting system for child welfare services is operated by a unit in the child welfare division, programmatic cost data are generally requested by the administrators and incorporated in the accounting system. Conversely, in states where the accounting system is operated by another state department that serves all state departments and activities, the accounting system is generally designed to provide cost data by department or by division but is not intended to provide programmatic cost data.

The point at which the source data (e.g., invoices) are collected also appears to be directly related to the administrative form of the child welfare service delivery system and is related to the lack of programmatic cost data. The collection and processing of all source financial data are generally performed at the state level in state administered delivery systems.

In locally administered systems, however, only some data are collected at the state level, with much of the source data being collected and processed at the local level. The local delivery office periodically reports on the child welfare expenditures to the state. The state unit combines the reports from the local delivery offices and the state accounting system to present statewide reports. The introduction of additional accounting systems (one for each local delivery office) reduces the possibility that all of the accounting systems will be able to (1) collect and report programmatic cost data and (2) provide data which are consistently collected, processed, and reported by all of the accounting systems. For several of the survey states which are categorized as having locally administered systems, a lack of complete or consistent data from all of the local delivery offices is reported as a weakness.

For political and/or economic reasons, state administrators of a locally administered system may not be able to require all local delivery offices to have accounting systems which collect, process, and report financial cost data in a consistent manner. This may restrict the potential for significantly improved financial data collection and reporting on child welfare services in those states, despite the desire of the state administrators for such improvements.

According to the state profiles, the timeliness of financial reports is considered a minor issue. Of the few states which did discuss the timeliness of reports, the reports are usually issued more than one month after the end of the report period. As a result, the reports cannot be used effectively as a management tool for monitoring and control.

PROGRAMMATIC DATA

Programmatic data are those data which directly pertain to cases and/or clients. All but one of the 25 survey states collect and process case data and prepare statistical reports on the number of cases/clients,

where they are, why they need service, and what services are being delivered. Generally, the collection and processing of case data are separate and distinct from a financial accounting system, although some states provide a limited interface between the two, usually through computerization.

Three primary issues emerged from the individual survey state profiles:

- . Almost half of the survey states are reported to have either inaccurate or incomplete case data.
- . At the time of the survey, about half of the states were in some stage of minor revision to the case data collection and processing procedures.
- . Statistics about what has happened are available through the case data reporting procedures, although the quality of that data is questionable.

The lack of a meaningful interface between the financial accounting systems and the procedures for collecting and processing case data can also be viewed as an issue. The problems created by the lack of such an interface have been presented in the "Cost Per Child Served" discussion of the "Financing" component and the preceding "Financial Data" discussion.

Computerization

Most state-administered systems have computerized the collection, processing, and reporting of data on each case. Most locally administered systems, however, collect only periodic reports about the cases from the local delivery offices, and these reports are manually consolidated into statewide statistical reports.

The survey did not focus on automated systems at the county level in locally administered states. However, several of the local systems were identified as candidates for further study, including the case management systems for social services in Milwaukee and the Child Welfare Information System (CWIS) in New York City.

The procedures for collecting, processing, and reporting case data in about half of the 25 survey states are in some stage of revision. The changes are reportedly the result of a desire by the child welfare service delivery system administrators for better child welfare statistics, the need for additional data to fulfill Title XX SSRR, or a combination of both. The reports of modifications were distributed about equally between those categorized as having state and locally administered delivery systems. Most of the states making modifications are altering existing computerized procedures, although several states are replacing one computerized system with another.

Data Accuracy

Doubts were expressed about the accuracy of the data in a few of the survey states, most of which are categorized as having state-administered delivery systems. Based upon the survey findings, most state-administered systems have computerized procedures for collecting, processing, and reporting case data with all case/client data input to a central state computer for processing. Case workers prepare the input document, and clerical staff enter it. Frequently, inaccuracies in the data contained in an automated procedure are the result of inaccurate input. Inaccurate input data may be the result of simple human error, inadequate training, a lack of desire to prepare and/or enter the input document accurately, an insufficient input edit routine, or inadequate definitions or instructions.

Another source of inaccuracies, as was reported in one state, is insufficient file maintenance. In the example cited to the survey team, a child is placed on a foster care register when first placed in foster care. If the child is subsequently removed from foster care placement, however, the child is not deleted from the register. As a result, a list of children on the foster care register includes all children who have been placed in foster care at any time rather than just those who are currently in foster care.

In one locally administered state which reported inaccurate case/client data, the case/client statistics available are reported to be based upon estimates from the local offices.

Data Comprehensiveness

In a few states, more than half of which were categorized as having locally administered delivery systems, the case data available are reported as being incomplete. The survey found that most locally administered systems do not include centralized data collection on each case as in a state-administered system. Instead, each local delivery office has its own case data collection and processing procedures from which periodic reports are prepared for submission to the state office.

As discussed in the "Financial Data" section above, complete child welfare statistics are not available in some locally administered systems because consistent data are not available, data at the same level of detail are not available, or, in one state, data are not reported from all of the local delivery offices.

In another state categorized as having a state-administered system, statistics are reportedly unavailable for all services because the child welfare division is using the computerized case data collection, processing, and reporting system of another state division, which does not include codes for all of the child welfare services. Reportedly, the fiscal resources are not available either to revise that system or to create a new one.

Types of Data Reported

The case/client statistical reports prepared in the survey states appear to present primarily statistics about what has happened to cases and/or clients. The reports may summarize what happened during a specific period or the status of the cases/clients as of the end of the period.

In some of the state-administered systems, the case data processing procedure generates exception reports that highlight actions which need to be taken by caseworkers: for example, a report of cases which are overdue for review by a caseworker. Locally administered systems cannot produce exception reports at the state level, since the detailed case/client data are processed in each local delivery office.

The scope of the 25-state survey did not include a review of operations at the local delivery office level. As a result, the case data collection, processing, and reporting procedures used by local delivery offices in a state-administered system were not reviewed. However,

the CWIS in New York City is reported to be a successful example of a case data collection, processing, and reporting system at the local delivery office level.

The types of case data reports which are prepared by automated information systems include:

- . open cases as of the end of the month;
- . cases opened during the month;
- . cases closed during the month;
- . case goal achievement;
- . resources available;
- . cases due for redetermination in a future month; and
- . cases overdue for redetermination.

These reports can either be detailed listings or counts of cases and/or clients by client characteristics, service, goal, caseworker, local delivery office, districtwide, statewide, or a combination of these factors.

Usefulness of Reports

The usefulness of the data reported is related to the completeness and accuracy of the case data collected. In several of the states, the case data statistics are reportedly useful for program planning and financial budgeting purposes. In a few of the states, the case data reports are reportedly helpful for the caseworkers in fulfilling their responsibilities and/or managing their cases.

Procedures in most of the survey states are either being revised or are reported to contain inaccurate or incomplete data. As a result, we could not evaluate the actual usefulness of these procedures at this time. However, they were described by most states as being potentially useful.

As described in other sections of this overview, the needs assessment, planning, and evaluation components are generally considered weak in the child welfare service delivery systems of the 25 survey states. These weaknesses possibly can have two significant consequences for the data collection, processing, and reporting procedures of a

delivery system. First, the related components could be so underdeveloped that their case/client data needs are not clearly defined. One result is that the data needed for these related components may not be collected and/or reported by the case/client data procedures. Another result is that the revisions currently being made to case/client data procedures may not adequately anticipate the undefined data needs. Further revisions may, therefore, be necessary once these data needs have been clearly defined.

The second consequence is that case/client data may be available but underutilized. Development of the case/client data procedures may have adequately anticipated some or all of the data needs for the related components; however, if the related component is underdeveloped, the potential usefulness of the case/client data may not be fully realized.

Some of the case/client data which are being used meaningfully include, for example, information from Utah's case data reports:

"One large [local delivery office] reported that it is starting to use a report generated by the [Social Service Delivery System] which identifies clients by the zip code to identify the high risk areas within the district. Once these known high risk areas have been identified, the [local delivery office] performs an aggressive outreach program in those areas, under the assumption that there are also a large number of unidentified people in those areas who need services."

Exemplary Systems

The case/client data collection, processing, and reporting procedures in five of the survey states were identified in the profiles as being either strong or exemplary. These procedures are presented below in alphabetical order by state and are briefly discussed.

The computerized Child Care Placement Information System (CCPIS) in Michigan is used as a case tracking system by the Office of Children and Youth Services, Child Welfare Division, the courts, and residential facilities. As further described in the profile:

"CCPIS is based upon individual client transactions, as reported by caseworkers, aggregated to form a data base for the child welfare system. . . . Caseworkers, supervisors, and program planners are able to use CCPIS-provided information as an aid to assure that the needs of each child in the system are being addressed."

The CWIS was developed primarily for the use of voluntary and public agencies within metropolitan New York City. As presented in the state profile on New York:

"The objective of the CWIS effort is identical with the objective of all information systems, manual or automated: to provide information from which sound decisions can be made It was reported that CWIS readily and accurately provides detailed data not previously available without the use of elaborate, expensive, and time-consuming retrieval projects."

The CWIS operation is unique for two reasons. First, the system directly processes and reports data for both public and private child welfare organizations. Second, the system is operated by a service bureau on a contractual basis. (A service bureau is a company or organization which provides computer and related facilities to different users for use in data processing or scientific problem solving.)

The computerized Oklahoma Services System (OSS) was described as follows:

"OSS is a management information system and a client tracking system, and provides information on the type and status of clients in the caseload. OSS is an on-line, real-time system, and as such, is best used for client-specific, random moment, and/or one-time reports. . . . Further, the flexible OSS data base may be required for special one-time reports at any time relating to any one or more of various research questions."

The computerized Social Service Management System (SSMS) in Texas "collects various data about the characteristics of a client, planned services, and services delivered." The SSMS is further described in the profile as follows:

"This sytem supports a data-based concept which facilitates the preparation of a large number of statistical and analytical reports. Despite the large amount of information maintained by the system, its input requirements are relatively modest. . . . This system is capable of producing reports on caseloads, service objective analyses, problem impact analyses and goal achievement."

Although persons interviewed in Texas did not consider the reports currently prepared as reliable, they anticipate that the system will provide useful information after the current revisions are completed.

The Social Service Delivery System (SSDS) in Utah is a computerized information system and contains the following elements:

- . client files maintain data on client characteristics, goals, and services;
- . worker files, which are an inventory component of SSDS, provide quarterly data on 30-minute units of caseworker time budgeted and assigned to cases; and
- . provider files maintain (1) data about contract providers, based upon contract issuance and modification and upon usage data input by caseworkers, and (2) payment data.

P. EVALUATION

Evaluation is the assessment of programmatic or management activities to determine their effectiveness, quality, and/or efficiency as measured against predetermined objectives and/or standards.

Evaluation may consist of one-time or special studies or of ongoing systems. Whatever form evaluation takes, collection of data and the feedback of assessments for planning, needs assessment, and decision making are essential to sound service delivery. Modern management and research concepts emphasize the use of objective and quantitative data in a systematic procedure. Evaluation is differentiated from monitoring, in that monitoring is directed toward assessing compliance with process and schedule targets and taking corrective action in a timely manner.

In this section, the discussion focuses upon evaluating programmatic effectiveness. In a child welfare service delivery system, a good service effectiveness evaluation component should include a defined and documented methodology, the criteria against which actions or results are to be measured, an efficient procedure for collecting data, established responsibility for conducting the evaluation, and feedback to other components. The component should provide for both ongoing services review as well as the capability to perform special reviews. Special reviews may be conducted by the child welfare agency or by an outside group. However, an ongoing evaluation system should be administered by the agency itself with safeguards built in to assure independence of assessments.

Evaluation of social service effectiveness is generally considered by the states to be an essential component of a child welfare service delivery system. However, no state has implemented an ongoing system, even though several states have implemented elements of an evaluation system from time to time. Current financing priorities do not appear to encourage use of funds to develop evaluating systems. The Milwaukee County approach, although not a statewide system, suggests ways in which many of the state-of-the-art problems can be resolved. Evaluation is clearly an area requiring further development.

The three major findings in the area of evaluation include the following, which are discussed further in this section:

- . Although the need for service evaluation was expressed in most of the states, one-half of the states lack any kind of formalized service evaluation program.
- . Development of evaluation systems is not viewed as a priority by most of the states. Two important constraints are technical problems which are unresolved and a lack of funding.
- . The concept of evaluation varies among the states, some states equating it with the worker's case evaluations, while other states are working with broad Title XX goals which are so generalized that caseworker reliability is questioned.

FORMAL SERVICE EVALUATION SYSTEMS

A primary finding of the survey is that, although most states expressed the need for service evaluation, half of them lack any kind of formalized service evaluation program. In addition, service evaluation is not consistently defined.

Twelve of the survey states reported that they did not have a formal service effectiveness evaluation system, nine reported some form of evaluation, and two states reported that they have a formal statement of evaluation procedures. Thus, the survey appears to indicate that service effectiveness evaluation is one of the weakest components of the child welfare service delivery systems among the states surveyed.

In light of the lack of actual establishment of service evaluation, it is significant that a service effectiveness evaluation system is viewed as a beneficial component of a delivery system by 19 of the 25 survey states. Some evaluation effort or specific steps toward an evaluation system were reported in these states. The efforts varied from an implemented system in Milwaukee, Wisconsin, to another state's draft document seeking to quantify a broad range of previous effectiveness measures which are vague or simply conceptual in nature, and written some time ago.

While persons interviewed said that service effectiveness evaluation would be a beneficial management tool, operating evaluation systems do not appear to be imminent for most of the survey states. The current fiscal constraints upon child welfare resources, which are discussed under "Financing," suggest that the development of a service effectiveness evaluation system will not be a near-term priority. In support of this observation, one of the state profiles reported the following:

"While the need for evaluation has been recognized, it is not a current priority. [The state] appears to be several years away from uniform implementation of service effectiveness evaluation measures."

West Virginia recently initiated a federally financed project to develop an ongoing evaluation system based upon Title XX goals.

LACK OF INDEPENDENT EVALUATION

In nine of the survey states, however, the term evaluation is equated with a caseworker reporting achievement of case objectives without independent verification. (The caseworker establishes the stated case/client objective and then indicates on an evaluation form whether the objective has been achieved.) These states are then collecting, processing, and reporting the data as part of the evaluation component of a case management information system. Without independent verification of whether objectives were achieved, however, the validity of achievement reports could be questioned.

In some of these states, such "evaluation" represents the comprehensive evaluation system; in others, this procedure is viewed as only a step toward meaningful service effectiveness evaluation rather than as complete.

Several states reported that their approach to evaluation consists of teams of case readers reviewing case records. Although this effort may be helpful in assessing a particular worker, the results usually cannot be combined to represent an overall assessment of agency effectiveness.

SCOPE OF EVALUATION EFFORTS

Of the nine survey states in which some form of evaluation was reported, several service effectiveness evaluation efforts were identified which displayed either a currently or potentially strong evaluation component. A fully implemented evaluation system was identified for only one county of one state. The Milwaukee County Welfare Department currently is operating an ongoing social service effectiveness system that includes all its child welfare services. The Milwaukee system is based upon the definitions of its workload inventory system and is integrated into a computer-assisted case management information system. The effectiveness measures are quantitative in nature and have been reported in public annual reports for several years.

Other noteworthy evaluation efforts include those in Texas and Minnesota. Neither is a fully operating system.

In the profile of Texas, a protective service evaluation was described as follows:

"For example, a recently completed evaluation of protective services in one county produced a highly definitive analysis of the quality, quantity, and supporting organization of protective services in that county, and made a number of recommendations which should be of great value to the county, the region, and the state."

The methodology of that evaluation was described as follows:

"Data were collected through case reading and interviews with staff. . . . Random samples of both cases and staff were pulled. . . ."

In Minnesota, a social service consumer survey in February 1974 appears to have the potential for becoming a strong service delivery system component (more recent data were not reported). The survey was addressed toward all social services rather than specifically to child welfare services. However, the procedure, as reported by the state, could form the basis for an evaluation of child welfare services. The survey was described in the profile as follows:

"The Survey directed a series of questions to consumers relative to the social services provided in Minnesota. . . . This Survey addressed the consumer's impression of the effectiveness of the [county welfare department] social services."

A readily apparent difference between these procedures and procedures which would be expected for a comprehensive service effectiveness evaluation was described in Minnesota's profile as follows:

"The term 'effectiveness,' however, was whatever the consumer considered to be effective rather than a stated standard against which the consumers made their evaluation. In addition, the Survey did not determine 'why' or 'how' the services received were effective, which would have been as invaluable input to the overall social service delivery system . . . the Survey failed to determine if the benefits received or perceived were those that were planned by the caseworker."

With appropriate modification, however, the social service consumer survey concept appears to be capable of becoming a significant element of a service effectiveness evaluation system.

APPENDIX A

CLUSTER ANALYSIS

This appendix briefly presents the clustering methodology employed by PMM&Co./CWLA, defines the clusters, and identifies the states assigned to each cluster. Selected demographic and economic data for each state, by cluster, are presented and discussed. In addition, the implications for child welfare service delivery systems will be discussed separately for administrative form of the system, relatively large or small population of the state, and the presence of a separate child welfare department at the state level. Finally, exemplary features identified in the state profiles will be presented for each of the clusters.

The purpose of grouping the 25 states into clusters was to bring together states with similar characteristics. The clustering step was based upon the hypothesis that states with similar characteristics will have similar needs, resources, and constraints for planning and implementing child welfare service delivery systems. This hypothesis is important to future steps in the project which will involve the design and implementation of the components of child welfare service delivery systems. States from different clusters will be selected as lead states in which in-depth study and detailed design will take place. Thus, it is important to examine the characteristics of the clusters of states and to consider implications for delivery system designs.

METHODOLOGY

A three-dimensional classification approach was used to assign the 25 survey states to five clusters. In the original plan for clustering the survey states, the following three objective factors were proposed as the dimensional elements for classification:

- . administrative form (state versus local);
- . per-child dollars spent on child welfare services (high versus low); and
- . percent of persons under 21 years of age residing in rural areas (high versus low).

The survey findings, however, indicated that the data supporting the last two of these characteristics were not available on a uniform or adequate basis among the survey states. The "Financing" subsection of this report discusses the lack of availability of the cost per child served among the survey states. The 1970 U.S. Census population data identified the number of persons under 21 years of age who resided in rural areas. However, "rural" area was defined as places with fewer than 2,500 persons, which is considered too small an area for service delivery planning. As a result, this data element was also rejected as a clustering factor.

The three elements which ultimately were used to assign the 25 survey states to five clusters were the following:

- . administrative form (state versus local);
- . 1975 state population estimated by the U.S. Department of Commerce/Bureau of the Census (large versus small); and
- . whether child welfare is provided by a separate department at the state level.

The first and third elements were validated during the 25-state survey. The population of a state was deemed large/small in relation to the population of the other survey states (above or below the average population). Specifically, the five clusters were defined as follows:

- A - relatively large population and state administered (Large/State Administered);

- B - relatively small population and state administered
(Small/State Administered);
- C - relatively large population and locally administered
(Large/Locally Administered);
- D - relatively small population and locally administered
(Small/Locally Administered); and
- E - separate child welfare department (Separate Department).

The states which comprise each of these clusters are identified by cluster in Table A-1.

Georgia and Wisconsin were both considered as having locally administered systems during the original selection of the 25 survey states. The survey findings indicated, however, that the Georgia system is in essence a state administered system and is identified, therefore, as having a state administered system in Table A-1. While the Wisconsin system is in the process of being converted from local to state administration and has elements of both forms, the survey found that the system was in essence a locally administered system at this time and is presented in Table A-1 as locally administered.

The three states in the separate department cluster were reassigned from the other four clusters as follows:

- . Connecticut - small/state administered;
- . Illinois - large/state administered; and
- . Oregon - small/locally administered.

The fifth cluster thus has some characteristics of three of the other clusters.

TABLE A-1
THE SURVEY STATE CLUSTERS

STATE ADMINISTERED CLUSTERS

**Relatively Large
(Large/State Administered)**

Georgia
Massachusetts
Michigan
Missouri
Texas

**Relatively Small
(Small/State Administered)**

Iowa
Louisiana
Oklahoma
Rhode Island
Tennessee
Utah
Washington
West Virginia

LOCALLY ADMINISTERED CLUSTERS

(Large/Locally Administered)

California
New York
North Carolina
Pennsylvania
Virginia

(Small/Locally Administered)

Colorado
Minnesota
North Dakota
Wisconsin

**SEPARATE CHILD WELFARE DEPARTMENT
(Separate Department)**

Connecticut
Illinois
Oregon

CLUSTER CHARACTERISTICS

Child welfare service delivery systems operate within a complex sociological, demographic, and economic environment. The general findings of the 25-state survey about these factors is discussed in the "Demographic and Economic Environment" subsection of this report. For each of the five clusters, this subsection will present some of the pertinent data made available by either the federal or survey state governments, and present some general observations about these data. These data describe independent variables which are outside the control of the delivery system but which generally are taken into consideration in planning delivery systems.

Population

Relative population was selected as a cluster factor on the assumption that size affects the volume of clients served, the complexity of the organizations, and, in many cases, the resources available. The total population of the survey states as of July 1, 1975 (U.S. Department of Commerce/Bureau of the Census) was one of the elements used for cluster development.

Table A-2 presents these population data by state within cluster in absolute numbers and as a percent of the U.S. population. In summary, Table A-2 displays the distribution of the population by cluster as follows:

<u>Cluster</u>	<u>Percent of Total</u>		
	<u>Population</u>		
	<u>Survey States</u>	<u>U. S.</u>	<u>No. of States</u>
Large/Locally Administered	42	29	5
Large/State Administered	25	17	5
Small/State Administered	14	10	8
Separate Department	11	8	3
Small/Locally Administered	8	5	4
Total	100	69	25

The data indicate that the 25 survey states contain approximately 69 percent of the total U.S. population, and that their relative sizes vary from 10 percent to less than one-half of 1 percent of the U.S. population. Thus, they appear to represent a broad sample of the 50 states.

TABLE A-2

1975 TOTAL POPULATION OF SURVEY STATES

STATES BY CLUSTER	Population (000s)	Percent of Population in	
		Survey States	U.S.
Large/State Administered			
Texas	12,237	8	6
Michigan	9,157	6	4
Massachusetts	5,828	4	3
Georgia	4,926	4	2
Missouri	4,763	3	2
Total	36,911	25	17
Small/State Administered			
Tennessee	4,188	3	2
Louisiana	3,791	2	2
Washington	3,544	2	2
Iowa	2,870	2	1
Oklahoma	2,712	2	1
West Virginia	1,803	1	1
Utah	1,206	1	1
Rhode Island	927	1	.
Total	21,041	14	10
Large/Locally Administered			
California	21,185	14	10
New York	18,120	12	8
Pennsylvania	11,827	8	6
North Carolina	5,451	4	3
Virginia	4,967	4	2
Total	61,550	42	29
Small/Locally Administered			
Wisconsin	4,607	3	2
Minnesota	3,926	3	2
Colorado	2,534	2	1
North Dakota	635	.	.
Total	11,702	8	5
Separate Department			
Illinois	11,145	8	5
Connecticut	3,095	2	2
Oregon	2,288	1	1
Total	16,528	11	8
TOTAL	147,732	100	69

. = less than one-half of 1 percent.

Source: Current Population Reports, Population Estimates and Projections, U.S. Department of Commerce/Bureau of the Census, Series P-25, No. 615, July 1, 1975 (Provisional)
Resident Population

populations served by the states in the clusters, the figure also indicates that the ten states of the Large/Locally Administered and Large/State Administered clusters serve almost one half of the population in the U.S. Thus, the service delivery systems in those ten states handle a high volume of clients and hence are likely to be more complex than those systems in the other states.

Table A-2 also indicates some wide variations in the population of states within clusters. The most striking is the Large/Locally Administered cluster, which contains the largest survey state, California, serving 10 percent of the U.S. population, and a smaller state, Virginia, serving 2 percent.

The states of the Small/State Administered and Small/Locally Administered clusters display less variation in population. This suggests that clusters may be more homogeneous than the others, at least in terms of population size.

Unemployment

The employment level within a state has been observed to have a significant impact upon both the ability of a state to finance services and upon the need for social services within the state. Table A-3 presents for each state within a cluster the statewide unemployment rate and the unemployment rates of the three largest Standard Metropolitan Statistical Areas (SMSAs) within each state as of September 1975.

Although the organization and administrative form of child welfare service delivery system are independent of the employment level in a state, several patterns among the clusters in the statewide unemployment rates did appear. All of the states in the Small/Locally Administered cluster had unemployment rates below the nationwide rate; all of the states in the Separate Department cluster were about equally distributed around the nationwide rate. As might be expected from such a pattern, the Small/Locally Administered and the Separate Department clusters had less variation in the unemployment rates among the states within the cluster than the other three clusters.

A comparison of the unemployment rates of the three largest SMSAs within a state with the statewide rate shows a similar pattern. For some states the statewide rate is higher than those of the SMSAs while in others the statewide rate is lower.

TABLE A-3

SEPTEMBER 1975 UNEMPLOYMENT RATES OF SURVEY STATES

STATES BY CLUSTER	Unemployment Rate (Percent)			
	SMSAs Within State			
	Statewide	Largest	Second Largest	Third Largest
Large/State Administered				
Texas	6.1	5.6	5.1	9.4
Missouri	6.4	8.1	7.5	^a
Georgia	9.0	9.7 ^b	8.0 ^b	8.3 ^b
Michigan	12.1	13.7	10.8	14.8
Massachusetts	12.5	12.6	12.8	12.3
Small/State Administered				
Iowa	5.2	5.6	4.3	5.9
Oklahoma	6.6	6.8	6.0	6.9
Utah	6.7	7.3	7.1	^a
West Virginia	6.9	7.2	5.6	6.1
Tennessee	7.8	8.3	7.5	6.5
Louisiana	8.0	8.6	6.5	9.1
Washington	9.0	9.9	8.7	^a
Rhode Island	12.6	^a	^a	^a
Large/Locally Administered				
Virginia	6.8	6.5	5.3	3.9
North Carolina	7.3	^a	^a	^a
Pennsylvania	8.5	10.2	9.4	8.6
California	9.3	9.9	10.5	8.1
New York	10.2	11.9	12.7	7.6
Small/Locally Administered				
North Dakota	3.8	3.4	^a	^a
Minnesota	4.8	6.1	5.8	2.4
Colorado	5.4	6.1	7.4	6.7
Wisconsin	6.7	7.6	4.6	6.1
Separate Department				
Illinois	8.7	10.0	10.3	7.0
Oregon	8.9	10.5	12.1	10.1
Connecticut	10.6	11.8	9.0	10.7
Nationwide	8.1			

^a Either this category does not apply to the state or the data was not reported by the state.

^b July 1975 data reported.

Sources:

. Statewide — U.S. Department of Labor/Bureau of Labor Statistics

. SMSAs — Survey States

With the possible exception of the Small/Locally Administered cluster, all of the clusters might reasonably be expected to have experienced increased needs for social services as a result of increased unemployment.

Median Income

The median income for a family of four in a state can be viewed as one indicator of the relative statewide affluence. It is also a basis for determining the eligibility of an applicant for Title XX services. As a result, the median income for a family of four can be viewed as an approximate indicator of the population within a state which may be financially eligible for social services, when such eligibility requirements are applied.

The median income for a family of four for each state within a cluster is presented in Table A-4, as well as the percent by which the median of the state is over/under that of the nation. The Small/Locally Administered cluster appears to be the most affluent. It is the only cluster in which the median incomes in all of the states within it are above the national median.

The Small/State Administered cluster appears to be the least affluent. The median incomes in most of the states within it are below the national median. All of the clusters appear to contain significant variations among the median incomes of the states, which suggests that they are not economically homogeneous.

AFDC Population

The percent of the population within a state which is receiving aid for dependent children (AFDC) is a direct indicator of the population eligible for social services, since it is one of the means of meeting eligibility for Title XX services, when such eligibility requirements are applied.

The percent of the population of the survey states which was receiving AFDC assistance in June 1975 is presented in Table A-5. The Small/Locally Administered cluster is the only one for which the percent for each of the cluster states is below the average percent of the survey states and/or the U.S. This cluster and the Small/State Administered cluster have an average percent for the cluster which is below that of the survey states and/or the U.S.

TABLE A-4

1974 MEDIAN INCOME FOR A FAMILY OF FOUR IN THE SURVEY STATES

STATES BY CLUSTER	Median Income	Percent Over (Under) National Median
Large/State Administered		
Georgia	\$12,738	< 7.7 >
Texas	12,957	< 6.1 >
Missouri	13,319	< 3.6 >
Massachusetts	14,393	4.3
Michigan	15,302	10.9
Small/State Administered		
Louisiana	11,430	< 17.2 >
West Virginia	11,443	< 17.1 >
Tennessee	11,591	< 16.0 >
Oklahoma	12,095	< 12.4 >
Utah	12,843	< 6.9 >
Rhode Island	13,208	< 4.3 >
Washington	14,035	1.7
Iowa	14,242	3.2
Large/Locally Administered		
North Carolina	12,163	< 11.9 >
Pennsylvania	13,374	< 3.1 >
Virginia	13,784	< 0.1 >
New York	14,264	3.4
California	14,778	7.1
Small/Locally Administered		
Wisconsin	14,024	1.6
Colorado	14,178	2.7
North Dakota	14,746	6.8
Minnesota	14,911	8.0
Separate Department		
Oregon	13,787	< 0.1 >
Illinois	15,152	9.8
Connecticut	15,404	11.6
Nation	13,801	-

Source: Secretary, DHEW

TABLE A-5

**PERCENT OF 1975 POPULATION RECEIVING AFDC ASSISTANCE
IN JUNE 1975 IN THE SURVEY STATES**

STATES BY CLUSTER	AFDC as Percent of Population
Large/State Administered	
Texas	3.1
Missouri	5.6
Massachusetts	6.2
Michigan	6.9
Georgia	7.4
Average	5.5
Small/State Administered	
Utah	2.8
Iowa	3.2
Oklahoma	3.6
Washington	3.9
West Virginia	4.0
Tennessee	5.0
Rhode Island	5.7
Louisiana	6.3
Average	4.4
Large/Locally Administered	
North Carolina	3.5
Virginia	3.6
Pennsylvania	5.3
California	6.5
New York	6.7
Average	5.9
Small/Locally Administered	
North Dakota	2.2
Minnesota	3.2
Colorado	3.8
Wisconsin	3.8
Average	3.5
Separate Department	
Connecticut	4.2
Oregon	4.5
Illinois	7.3
Average	6.3
Average of Survey States	5.4
Average of U.S.	5.2

Significant differences among cluster states also appear between the lowest and highest percent within a cluster. The smallest difference is 1.6 percentage points in the Small/Locally Administered cluster, and the largest difference is 4.3 percentage points in the Large/State Administered cluster.

Sources of Revenue

The sources of fiscal year 1975 child welfare revenues are presented earlier in the "Financing" subsection of "Status of Child Welfare." Table A-6 presents revenue sources as a percent of the total revenues for child welfare services for each state by cluster.

The total revenues exclusively for child welfare services were not reported by all of the states of any cluster. The Small/Locally Administered cluster was the only one in which all of the cluster states reported revenues; however, it also contains both of the states which reported combined data on child welfare and other social services.

The Small/State Administered cluster was the only one in which none of the states reported revenues from local sources. In the Small/ Locally Administered and the Separate Department clusters, none of the states reported revenues from other non-federal sources.

Based upon the data which were reported, a pattern of variation appears to exist within each of the clusters as to the relative percent of revenues provided by a frequently identified source. (Data on the other sources are too recent to support any specific observations about those sources.)

While a correlation of revenues to other demographic and economic data would provide meaningful statistics about the clusters, the data reported are too inconsistent to provide reasonably valid results.

Summary

The discussion of individual demographic and economic features of the clusters has portrayed a considerable amount of variation among and within clusters.

A cursory comparison by cluster of the unemployment rates, the median income, and the percent receiving AFDC indicate some similar patterns of variations exist. Table A-7 highlights these data by state within cluster.

TABLE A-6

FISCAL YEAR 1975 SOURCES OF REVENUE AS A
PERCENT OF TOTAL REVENUE

STATES BY CLUSTER	Total (\$000s)	Percent of Total									
		Federal						Non-Federal			
		Total	Title IV-A	Title IV-B	AFDC/FC	WIN	Other	Total	State	Local	Other
Large/State Administered											
Georgia	\$ 31,501	79	62	4	a	5	8	21	15	6 b	a
Massachusetts	66,300	74	61	1	3	3	6	26	21	a	5
Michigan	118,250	46	39	2	4	a	1	54	37	16	1
Missouri e											
Texas f	39,053 d	54 d	36 d	13 d	5 d	a	a	46	25	21	a
Small/State Administered											
Iowa	10,663	38	31	7	a	a		62	62	—	a
Louisiana	12,700	61	28	8	25 c	a	a	39	39	ab	a
Oklahoma	69,500	50	45	1	a	1	3	50	50	a	a
Rhode Island	9,452	46	39	3	3	a	1	54	54	ab	—
Tennessee e											
Utah	9,097	67	53	5	5	4	—	33	32	ab	1
Washington	32,659	46	36	2	6	2	a	54	54	a	a
West Virginia	16,822	84	81	3	a	a	a	16	16	a	a
Large/Locally Administered											
California d	147,000	67	a	a	a	a	a	33	14	16	3
New York e											
North Carolina	29,572	57	a	a	a	a	a	43	21	20	2
Pennsylvania	95,332 d	28	22	1	5	a	a	72	41	31 d	a
Virginia	37,213	54	51	3	a	a	a	46	23	23	a
Small/Locally Administered											
Colorado	20,800	46	43	3	a	a	a	54	35	19	a
Minnesota g	75,010	49	48 h	a	a	—	1	51	14	37	a
North Dakota g	4,900	73	55	4	12	2	a	27	17	10	a
Wisconsin	49,646	76	a	a	a	a	a	24	24	ab	a
Separate Department											
Connecticut	28,700	49	a	a	a	a	a	51	51	a	a
Illinois	90,142	51	46	2	3	a	a	49	45	4	a
Oregon e											

NOTES:

- a Information at this level was not available.
- b Local funding is not required by the state.
- c Includes state and federal sources.
- d Amounts are approximations reported by the state.
- e Data not reported by the state.
- f Fiscal year 1974 data provided by the state.
- g As reported by the state, these may include non-child welfare service funds.
- h Reported by the state as AFDC funds.

TABLE A-7

SUMMARY OF CLUSTER CHARACTERISTICS

STATES BY CLUSTER	Statewide Unemployment Rate	Percent Over (Under) National Median Income	AFDC as Percent of Population
Large/State Administered			
Georgia	9.0	< 7.7 >	7.4
Massachusetts	12.5	4.3	6.2
Michigan	12.1	< 3.6 >	6.9
Missouri	6.4	10.9	5.6
Texas	6.1	< 6.1 >	3.1
Small/State Administered			
Iowa	5.2	3.2	3.2
Louisiana	8.0	< 17.2 >	6.3
Oklahoma	6.6	< 12.4 >	3.6
Rhode Island	12.6	< 4.3 >	5.7
Tennessee	7.8	< 16.0 >	5.0
Utah	6.7	< 6.9 >	2.8
Washington	9.0	1.7	3.9
West Virginia	6.9	< 17.1 >	4.0
Large/Locally Administered			
California	9.3	7.1	6.5
New York	10.2	3.4	6.7
North Carolina	7.3	< 11.9 >	3.5
Pennsylvania	8.5	< 3.1 >	5.3
Virginia	6.8	< 0.1 >	3.6
Small/Locally Administered			
Colorado	5.4	2.7	3.8
Minnesota	4.8	8.0	3.2
North Dakota	3.8	6.8	2.2
Wisconsin	6.7	1.6	3.8
Separate Department			
Connecticut	10.6	11.6	4.2
Illinois	8.7	9.8	7.3
Oregon	8.9	< 0.1 >	4.5
United States Average	8.1		

The Small/Locally Administered cluster appears to have the most in common among these three factors. The statewide unemployment rate and the AFDC percent were below the national average, and the median income was above that of the nation. Although some inconsistencies appear to exist among the states in the clusters, this general pattern is consistent.

Each of the other four clusters exhibits some consistencies among the statistics in the cluster states. However, each has at least one state which does not follow the expected patterns. For example, unemployment in Connecticut was high even though the median income was high, and the AFDC percent was low; in West Virginia, the statewide unemployment rate and AFDC percent were low even though the median income was low; and in Massachusetts, the statewide unemployment rate and AFDC percent were high even though the median income was high.

While the data describing these demographic and economic factors appear generally to be consistent, the differences among states within most clusters do not support conclusions on homogeneity of the states for these factors. These data appear to provide an important description of the environment within which each state's child welfare system must operate. In each of the state profiles, this type of information was essential to understanding the state and the constraints to which it is subjected. It appears clear that such data as these should be taken into consideration in planning child welfare service delivery systems.

It also appears that other historical factors were the basis for selecting administrative form. Perhaps the demographic and economic factors were more relevant to administrative form at the time that the original decisions were made. It is clear that some states' populations have changed more drastically than others since the 1930s when welfare departments were first organized at state and local levels. In addition, it is noteworthy that economic factors are somewhat transient. For example, the unemployment figures used in the survey represented some of the highest rates in a number of years.

IMPLICATIONS OF FACTORS USED TO CLUSTER STATES

In considering various factors for grouping states into clusters, PMM&Co. /CWLA finally selected three which appeared to influence the way that states planned and operated their child welfare delivery systems. These factors, discussed earlier in describing the clusters, were:

- . state versus local administration;
- . population size; and
- . separate department organization.

Since we believe the clusters present important groupings of states to be considered in designing improved delivery systems, we have reviewed our findings to identify the impact of three clustering factors upon each of the components. The result of that examination is reported in this subsection.

Implications of State Versus Local Administration

Each of the components in the overview is discussed below from the perspective of the administrative form of the child welfare service delivery system. The presentation includes all of the components even though an impact was not identified for each component. This analysis was based upon a review of all findings reported in Section III of this report. The administrative form of the survey states is identified in Table A-1, which groups the 25 states into five clusters.

Demographic and Economic Environment

Features of the demographic and economic development did not appear to be significantly different in state administered than in locally administered systems. This area is discussed earlier in this section.

Philosophy and Values

With two exceptions, administrative form appears to have no significant effects on the philosophy and values related to child welfare. The first exception is that state-administered systems are slightly more inclined to espouse a broad comprehensive approach to child welfare than are locally administered states. In locally administered systems, the influence of regional area variations in value systems, resources, and socioeconomic conditions appear to be more readily reflected with both positive and negative influences.

Second, positive community support for child welfare services appears to be stronger in locally administered systems. Local administration generally includes more local financing and local autonomy in planning which suggests greater public awareness of local operations. The greater public awareness appears to generate a higher level of local understanding and support for the services.

Goals and Priorities

Administrative form appears to exert little influence on the particular goals and priorities established for child welfare services. Local citizen and community participation in the processes of establishing the goals and priorities is somewhat more active in locally administered systems, although great variation between localities in a given state is reported.

State-administered systems more frequently report detailed management goals, quantified objectives, and the use of management-by-objectives techniques, perhaps because the state possesses the personnel and expertise to establish them. Consistency between short- and long-term priorities is more likely to occur in state-administered systems.

The impact of developing Title XX plans is yet to be determined.

Organization

It appears that the uniform control made possible by state administration of the child welfare service delivery system makes consistency more possible than does local administration of the delivery system.

The role of mid-level organizational units or districts, used for reserve support to local offices or for direct delivery, was far more prevalent and effective in state-administered systems. According to survey results, local office diversity and autonomy in most locally administered states precluded the use of these distinct offices for direct delivery. This situation appeared to hinder service delivery in some locally administered states, where county by county administration was more unflexible and there were some barriers between the two levels of government.

The role of local (often county) offices in the service delivery process varied. Generally, in state-administered systems local offices served as the actual point at which state-selected services were delivered. As such, they essentially carried out state mandates, which

were often quite specific. In locally administered states, however, local offices had far more discretion as, for example, they chose their own implementation and administrative methodology in state-backed programs. Thus local offices had a higher degree of autonomy and diversity in locally administered states.

In addition, the area of adherence to sound management criteria, especially the issues of communicating and chain of command, were more of a problem in locally administered states. According to survey findings, local office diversity and autonomy appear to be involved, since it seems to result in interrupted chains of command and ineffective communications in the state/local partnership in the service delivery process. These problems must be viewed in a relative sense, however, because such problems also were identified in some state administered systems.

Needs Assessment

Administrative form appears to exert little influence on needs assessment for child welfare.

Local efforts to assess needs to justify the development of a particular program or service may occur slightly more frequently in the locally administered system, when the effect of local effort can be seen more clearly.

Planning and Decision Making

Administrative form appears to affect various aspects of planning and decision making. The processes and focus of planning and decision making are distributed throughout the system in both administrative forms, but it appears that local influence is greater in locally administered systems.

Local policy boards, which are often characteristic of locally administered systems, are a locus for decision making which is generally absent in state-administered systems.

Local operational units in locally administered systems rarely have the specialized planning capacity which the state can muster in a state-administered system. However, some local units of locally administered systems have mounted significant and sophisticated planning operations whose skill and capacity is quite sufficient for their needs, and may surpass the efforts in some other states.

Administrative form appears to have little influence on the autonomy of the decision making, which generally the legislatures reserve for themselves.

Financing

The level of detail reported for sources and uses of child welfare revenues did not vary significantly between state and locally administered systems. Revenues from the federal and state governments appear to be proportionately larger for a state-administered system. However, revenue from local sources was generally reported for the locally administered states, and local participation may not be required in a state administered system.

The general adequacy or inadequacy of funding for child welfare services displayed no significant variations between state/locally administered systems in relation to either service needs or to other social services.

Program Resource Mobilization

Program resource mobilization functions include a wide and complex range of activities which are performed in some combination of local, regional, and state levels in all of the states surveyed.

In locally administered systems, more of these functions tend to be locally performed, with the state assuming a policy establishment, regulation, oversight, or consultation role.

In state-administered systems, a greater number of the functions, and a more major role in the day-to-day performance, is performed at the state level. In state-administered systems, some of the responsibilities generally assumed at the state level are delegated to lower levels in the organization, down to the local operating units.

In locally administered systems, most of the functions are local responsibilities, some of which, over time, the state has assumed by custom, practice, or by regulation and law.

The local resources and programs which are developed more frequently are restricted to use in a given locality in locally administered systems than in state-administered systems, so that there is greater disparity of the distribution and availability of program resources in the locally administered states.

Communication among local operating units is frequently less effective and complete in the locally administered system since it is more dependent on informal arrangements. More formalized methods of sharing information and resources are usually employed among lateral units of state-administered systems.

Although the survey did not develop extensive data on quality or effectiveness, the information available suggests that there is more likely to be a greater range from the "best" to the "weakest" child welfare service delivery in the locally administered system than in the state administered system. In the state-administered system, the quality and effectiveness are likely to be more consistent throughout the state than the locally administered system, which may present a very good or very poor picture among localities within the same state.

The adequacy of staff training and development appears to be more varied from locality to locality within a locally administered system.

Management Services

No clear implications concerning personnel administration can be made in reference to the administrative form of the delivery system, since difficulties were spread throughout the states. However, the issue of civil service was slightly more of a problem in the locally administered states because dual civil service systems were in operation (state-level and local-level), potentially resulting in inconsistent staff qualities, and other personnel-related conflicts, across the state.

The local offices in locally administered systems have a larger role in financial budgeting, primarily because they must prepare budgets to support requests for financing from the local government. In some state-administered systems, however, the local offices have an active role in budgeting, while in other states the local participation is minimal.

The differences in local involvement in financial budgeting also appear to be present for purchase of service administration. Local offices have greater responsibility for administering purchased services in locally administered systems than in state administered systems.

Outreach

Administrative form appears to exert minimal influence on outreach functions, except that some indication exists that locally administered programs occasionally generate more local press coverage. Local administration suggests a local visibility which may generate referrals

and provide for community education even when no particular effort is exerted to these ends.

Client Reception and Referral

Client reception and referral functions are generally performed by local offices, and administrative form appears to have no influence on this. The establishment of policies and procedures for these functions is likely to be more uniform from locality to locality in the state-administered system than in the locally administered system.

Diagnosis and Service Plan Development

Administrative form appears to affect some aspects of diagnosis and service plan development. Policies, procedures, and monitoring of these functions appear to be more uniform from one locality to another in the state-administered system. However, special diagnostic centers are examples of comprehensive or especially effective programs which were reported. These were often local in geographic coverage, whether found in state- or locally administered systems. More variation in quality appears to prevail from locality to locality within the locally administered systems.

Service Delivery

Service delivery is significantly affected by the administrative form. While the range of services provided, accessibility, and the adequacy of the resources varies from locality to locality in every state surveyed, the variations appear to be greater in locally administered systems. Adequacy of staff in numbers and qualifications is also more varied in locally administered systems.

There appears to be far wider discrepancy in locally administered systems than in those which are state administered. The highest quality local operation in a locally administered system is likely to be superior to that which a state-administered system is able to maintain statewide. Similarly, the most inferior local operation in a locally administered system is likely to be more inadequate than any state-administered system. This wide discrepancy generally appears to prevail both in individual service areas, e.g., foster home services or day care, as well as to child welfare when viewed as an aggregate of many program areas.

Data Collection and Reporting

The primary distinction between state and locally administered systems in the collection of either financial or case/client data is the organizational level which defines the individual data elements to be collected at operating level. State administered systems usually collect detailed data at their local operating offices using statewide forms, procedures, and definitions. In a locally administered system, these data are collected at the local office level with differing procedures and periodically reported to the state in summary fashion. A significant problem was identified in several locally administered states where the localities were unable to fulfill their state reporting responsibilities. As a result of this difference, the data available at the state level are more likely to be incomplete or inconsistent in a locally administered state.

Statewide financial and case/client reports on data can be no better than the data collected. In addition, case/client reports which are useful for case management purposes can only be generated at the organizational level which collects the detailed case/client data. As a result, these types of reports are generated at the state level of a state administered system and at the local level of a locally administered system.

Evaluation

Efforts to evaluate social services in the survey states do not appear to vary significantly between state and locally administered systems. There were few evaluation efforts reported for any of the states.

Implications of Population Size

Each of the components is discussed below from the perspective of the relatively large or small population among the survey states. Large and small were defined as being above or below average population. The states are identified as large or small as follows:

<u>Large</u>	<u>Small</u>
California	Colorado
Georgia	Connecticut
Illinois	Iowa
Massachusetts	Louisiana
Michigan	Minnesota
Missouri	North Dakota
New York	Oklahoma

Large

North Carolina
Pennsylvania
Texas
Virginia

Small

Oregon
Rhode Island
Tennessee
Utah
Washington
West Virginia
Wisconsin

The large/small classification is also presented in Table A-1, which groups the 25 states into five clusters.

Administrative Form

The large survey states are about equally divided between state/local administration, with three of the largest states, California, New York, and Pennsylvania, having locally administered systems. Of the small states, however, nine of the 14 states are state administered.

Demographic and Economic Development

Three factors concerning the demographic and economic environment in states appeared to have varying impacts upon population of the state, according to survey results. Population size is one of the basic elements used in establishing the clusters and ranking the states and is, therefore, difficult to separate as a discrete issue. However, one fact concerning population size does stand out: some of the large states did experience special problems in serving their huge populations, and it appeared that the generating, organizing, and utilizing of a resource base large enough to serve this massive population did present unique and substantial problems to these states.

Unemployment rates were higher in the large states than in the smaller states. These states are the most industrial and urbanized ones, thereby containing the areas which have suffered heavily during the current difficult economic period.

Median incomes were higher in large states than in small states. These incomes are capable of supporting high tax rates and should represent the states in which funds for government activities, including public welfare, are the most extensive. (Survey results essentially support this hypothesis.) Further, higher median income levels suggest larger disposable incomes which can be used to support more extensive private sector child welfare agencies. (Survey results also supported

this hypothesis and indicate that the large states contain many of the oldest and best established private child welfare agencies.)

Philosophy and Values

Population size appears to have no significant impact on philosophy and values.

Goals and Priorities

The survey did not reveal whether population size exerts any influence on the processes and procedures employed to establish goals and priorities. The limited data available suggest that the specificity of goals and priorities is slightly greater in larger states.

Organization

The area of the visibility of child welfare services, and the distance between child welfare services and important management units and decisionmaking points, appeared to be more of a problem in larger states. According to survey results, this stems from the fact that there are many other activities of government in these states which are advocated by powerful groups, thus increasing the competition for resources. Proponents of child welfare must be all the more effective in these states to assure adequate resources for child welfare programs.

Needs Assessment

The processes of needs assessment do not appear to be affected by population size. The assessing of needs is so elementary in most states that it is unclear whether there are significant differences in the needs of either small states or sparsely distributed populations.

Planning and Decisionmaking

Population size is not particularly influential regarding planning and decisionmaking processes.

Financing

As reported in profiles, the financing of child welfare services was considered to be generally inadequate in all states. This was reported more frequently for small (about three-fourths) rather than large (about one-third) states. Both states which reported adequate funding for only priority services were large states, and two-thirds of the states in

which funding is reportedly better for services with strong advocacy support were large states.

The negative impacts of financing upon the delivery systems to maintain an adequate staffing level were reported most frequently for small states. The level of detail of the financial data reported for the survey states did not appear to be significantly different for large or small states.

Program Resource Mobilization

Population distribution rather than population size appears to be more significant to program resource mobilization. Predominantly rural populations served by locally administered systems appear to combine into the weakest examples of program resource mobilization. Resource availability appears to be markedly reduced, especially in rural areas. Lack of transportation is often more marked in rural areas and thus has a significant impact on accessibility.

When fiscal constraints reduce the numbers of staff employed or place limits on car and mileage reimbursements, the effect of these constraints appears to be felt first and most severely in sparsely populated areas.

Management Services

The issue of local office and/or line unit input in the budgeting process was more of a difficulty in the larger states. According to survey findings, this results from the fact that these larger states have more complex systems, and it is possible for the activities of one group (local office and/or line unit staffs) to become obscured in the extensive dialogue which comprises budget formulation.

The smaller states appeared to have greater difficulty in purchase of service administration. According to survey findings, this results from the fact that private child welfare service agencies are fewer in these states. Thus, policies and procedures have not been as well-documented and utilized, since these private agencies play less of an overall role than they do in larger states.

Personnel administration, facility administration, and monitoring did not appear to vary significantly between large and small survey states.

Outreach

Outreach is more affected by population distribution than by population size per se. Data suggest that special techniques and greater effort may be required to reach individuals needing services if the small population is predominantly rural in character.

Client Reception and Referral

Client reception and referral appear to be more affected by population density and distribution than by population size. Local operational sites apparently tend to be more widely dispersed geographically. When the population is sparse, the distance which a client must travel to seek service is greater. If resources are so scarce as to make access unrealistic, referral is likely to be underutilized as a means of providing an appropriate range of services.

Diagnosis and Service Plan Development

Diagnosis and service plan development do not appear to be affected by population size except to the degree that service availability and accessibility restrict the resources considered when the service plan is developed.

Service Delivery

Both population size and distribution appear to affect service delivery. Small populations suggest that the numbers of children requiring any particular service may be too small to sustain all the complex resources which may be required to meet their needs. Thus the program resource which is used may not be the preferred treatment but rather just that which is available. The data indicated that certain services are particularly scarce in sparsely populated areas. Those services generally mentioned were day programs which are dependent on transportation and easy accessibility for full utilization. Residential types of programs, which are less dependent on geographic accessibility, are thus more likely to be available to the sparsely populated residents. Community-based services appear to be difficult to develop and deliver in the more rural areas of both large and small states.

On the other hand, many problems develop in attempting to provide child welfare services in the major metropolitan areas. The sheer volume of need, complicated by the special needs of particular groups, present major challenges in these large population centers. Generally, the larger states have one or two such centers. It is also interesting to

note that even these large states with major urban concentrations have a significant geographic area of each state sparsely populated.

Data Collection and Reporting

The routine collection and reporting of financial data by program/service appears to occur more frequently in large rather than small states, but in less than one-half of either. These data are more often collected and processed by the child welfare division than by another state division in larger states.

Whether detailed case/client data are collected at the state or local level relates to the administration form in the state rather than to the size. All of the states, however, in which the case/client data were reported to be incomplete were small states.

Revisions to the case/client data collection, processing, and reporting procedures were reported just equally for large and small states.

Evaluation

Only nine of the 25 states reported any evaluation efforts. Two-thirds of these states were small states. The lack of evaluation procedures was reported equally among large and small states. Steps toward the development of such procedures were reported in a slightly larger proportion of the large states than of the small states.

Implications of Separate Department Organizations

Three states were classified as having separate department organizations at the state to local level. These states were Illinois, Oregon, and Connecticut. One other state with a mixed organization, Pennsylvania, is not included in this cluster. Child welfare is provided by separate departments in all counties but child welfare is integrated into the umbrella welfare agency at the state level.

Because Connecticut is newly reorganized (January 1976), and because of the small number of states in the cluster, it is somewhat more difficult to draw interpretations from the survey data.

This discussion deals only with those components about which reasonable observations could be made from the perspective of the separate department.

Philosophy and Values

Strong community support of child welfare is reported in states with separate departments, although it is not uniquely reported there. The states with separate departments appear to have few characteristics in common to distinguish them from other states regarding their philosophy and values. The coincidence of history and of leadership seems to be more responsible for their separateness rather than their particular philosophy and values, although they all exhibit a commitment to comprehensiveness of services.

Goals and Priorities

The separate departmental organization appears to have minimal impact on the processes of establishing goals and priorities. When the department is not the Title XX agency, it appears to have a reduced influence on that process.

The separateness of the department does not appear to affect the nature of the goals and priorities which are established. It does not appear that the separate departments share any uniqueness regarding goals and priorities which distinguish them.

Program Resource Mobilization

Certain aspects of program resource mobilization appear to be influenced by the separate department model of organization. The training and consultation available are directed solely toward child welfare concerns, rather than shared with other services and age groups as is sometimes the case in other administrative models. Processes and procedures are not necessarily unique in this administrative model, however.

Outreach

Outreach is positively influenced by the visibility of the agency even when no particular efforts are mounted to that end. Positive outreach is by no means dependent on the organizational structure but is more influenced by motivation and the fiscal resources to undertake both the outreach itself and to service the clients identified.

Diagnosis and Service Plan Development

Responsibilities of staff personnel assigned to separate welfare departments tend to require a greater degree of specialization than is

ordinarily found or required in centralized departments. Since centralized departments are sometimes responsible for delivering a variety of services, staff personnel working in this environment tend to be less specialized and capable of reacting to a range of services and problems.

Service Delivery

In service delivery, separate departmental organization appears to exert the greatest influence in staffing patterns. Personnel are wholly devoted to services for children rather than generic social services concerns as may be the case in other administrative models. The potential for developing expertise and specialization is thus markedly enhanced.

External coordination and consultation are also more likely to be improved by being focused on a single service rather than being shared among a number of services and age groups. At the same time, a separate department requires additional relationships with the public assistance and Title XX agencies, which may lead to some additional pressures.

EXEMPLARY FEATURES

One important emphasis of the survey was the search for exemplary features. These features, when evaluated further, will be candidates for transfer to other states and may be used as elements of the conceptual design. In the absence of exemplary features, future steps of the project will focus upon design of new features.

The individual profiles of the 25 survey states included observations by state personnel interviewed and by the survey team members of the features of the child welfare service delivery system in each state which were viewed to be exemplary, and in some instances, features viewed as being potentially exemplary. This subsection presents a summary of those features identified as being exemplary and potentially exemplary in the state profiles for each of the clusters and includes a brief discussion of the specific features.

The components discussed in Section III, "Status of Child Welfare," represent relatively broad aspects of a service delivery system. In this subsection, the exemplary features are identified as the following 31 features:

- . child welfare philosophy;
- . professional values;
- . community values;
- . goals;
- . priorities;
- . legislation;
- . financing;
- . program personnel;
- . administrative personnel;
- . program staffing patterns;
- . organization;
- . support function organization;
- . needs assessment;
- . planning;
- . administrative decisionmaking;
- . program resource mobilization;
- . personnel administration;
- . financial budgeting;
- . financial accounting;
- . financial reporting;
- . administrative reporting;
- . facility administration;
- . purchasing of service administration;
- . monitoring;
- . evaluating procedures;
- . outreach;
- . client reception;
- . client referral;
- . service delivery;
- . reporting; and
- . evaluating.

Each of these features may be comprised of various elements. For example, financial budgeting includes both the procedures and the level of detail by which the budget is prepared, and outreach includes public relations and casefinding.

Since the profiles are based primarily upon interviews with state and voluntary agency personnel in the respective states, the features identified in the profiles may not be comprehensive for the following two reasons:

- . persons in a state may not consider some feature to be exemplary which persons in another state might view as exemplary; and/or
- . the profile only identifies the most prominent exemplary features in a state rather than making an exhaustive list of all exemplary features.

Overall Summary

Of the 25 survey states, at least one exemplary feature or element of the child welfare service delivery system was identified in 24 states; and for 21 of the 31 system features an exemplary element was identified in at least one state.

Table A-8 presents a summary of the number of states in each cluster in which an element of a feature was identified as exemplary or potentially exemplary, and the number of elements identified. An examination of Table A-8 indicates the following highlights:

- . Of a total of 177 exemplary elements identified, more than half were in service delivery (74) and program resource mobilization (20), the two major "programmatic" features.
- . The next ranking areas were in the "management" features: administration reporting (14) and organization (13).
- . It is noteworthy that the majority of the exemplary elements were identified in programmatic rather than in management features.
- . The ten features for which no exemplary elements were identified in the survey states were the following:
 - . child welfare philosophy;
 - . goals;
 - . priorities;
 - . support function organization;
 - . needs assessment;

TABLE A-8

NUMBER OF STATES IN WHICH EXEMPLARY ELEMENTS WERE IDENTIFIED
AND NUMBER OF ELEMENTS IDENTIFIED BY CLUSTER AND FEATURE

DESCRIPTION	ALL CLUSTERS		LARGE/STATE ADM.		SMALL/STATE ADM.		LARGE/LOCALLY ADM.		SMALL/LOCALLY ADM.		SEPARATE DEPT.	
	Number of States	Number of Elements	Number of States	Number of Elements	Number of States	Number of Elements	Number of States	Number of Elements	Number of States	Number of Elements	Number of States	Number of Elements
Total number of survey states	25		5		8		5		4		3	
Number of states in which at least one exemplary element was identified	24		4		8		5		4		3	
Features for which at least one exemplary element was identified: a												
Professional Values	2	3	—	—	—	—	1	1	—	—	1	2
Community Values	4	5	—	—	3	3	1	2	—	—	—	—
Legislation	5	9	1	4	1	1	1	2	1	1	1	1
Financing	2	2	—	—	1	1	1	1	—	—	—	—
Program Personnel	2	3	1	2	1	1	—	—	—	—	—	—
Administration Personnel	5	8	2	3	1	2	—	—	2	3	—	—
Program Staffing Patterns	1	1	—	—	1	1	—	—	—	—	—	—
Organization	11	13	2	2	4	4	2	2	1	1	2	4
Planning	5	5 b	2	2 b	1	1	—	—	2	2	—	—
Administrative Decisionmaking	2	3	—	—	1	1	1	2	—	—	—	—
Program Resource Mobilization	11	20	2	7	2	2	2	4	3	4	2	3
Personnel Administration	2	2	1	1	1	1	—	—	—	—	—	—
Financial Budgeting	1	1	—	—	1	1	—	—	—	—	—	—
Administrative Reporting	11	14 f	2	2 b	5	7 d	1	2 b	3	3 b	—	—
Purchasing of Service Administration	1	1	—	—	—	—	—	—	1	1	—	—
Monitoring	2	2	—	—	—	—	1	1	1	1	—	—
Evaluating Procedures	2	2 b	1	1	—	—	—	—	1	1 b	—	—
Outreach	4	5	1	2	1	1	—	—	1	1	1	1
Client Referral	1	1	1	1	—	—	—	—	—	—	—	—
Service Delivery	20	74 b	1	3	8	24	5	19 b	3	9	3	19
Reporting	3	3 b	1	1 b	1	1	1	1	—	—	—	—
Number of exemplary elements identified		177 g		31 e		52 d		37 c		27 c		30
Average number of exemplary elements per state	24	7.4	4	7.8	8	6.5	5	7.4	4	6.8	3	10.0

- a Excludes the ten features for which no exemplary elements were identified
b Includes one potentially exemplary
c Includes three potentially exemplary
d Includes five potentially exemplary
e Includes two potentially exemplary
f Includes seven potentially exemplary
g Includes eleven potentially exemplary

- . financial accounting;
 - . financial reporting;
 - . facility administration;
 - . client reception; and
 - . evaluation.
- . Each cluster had some exemplary elements identified in a range from 6.5 elements per state in the small state administered cluster to 10 elements per state in the separate department cluster.

The following discussion will indicate that the specific exemplary elements are unique to a state rather than to a cluster.

Large/State Administered Cluster

An analysis was made of the exemplary features in the Large/State Administered cluster states. No exemplary elements were identified in Missouri, whereas each of the remainder of the cluster states had at least one exemplary element. Georgia had a larger average number of elements per feature and Texas had a larger number of elements than the other cluster states.

The following listing identifies, by feature, the exemplary elements cited in the profiles for this cluster. Descriptions of these features are presented in each state's profile.

Legislation

- . subsidy adoption (Georgia);
- . 24-hour emergency care (Georgia);
- . enhancement of protective services (Georgia); and
- . legal services for local offices and clients (Georgia).

Program personnel

- . commitment (Michigan); and
- . motivation (Michigan).

Administration personnel

- . high caliber (Texas);
- . commitment (Michigan); and
- . motivation (Michigan).

Organization

- . responsibility structure (Massachusetts); and
- . decentralization (Texas).

Planning

- . Title XX planning unit (Massachusetts); and
- . management by objectives concept of program planning (potentially exemplary) (Michigan).

Program resource mobilization

- . community-based services for delinquents (Georgia);
- . state responsibility for detention homes (Georgia);
- . foster family care for delinquent children who do not require institutionalization (Georgia);
- . policy statements clear, concise, and current (Texas); and
- . alternate care facilities for emergency care of adolescents (Texas).

Personnel administration

- . weighted caseload system (Massachusetts).

Administrative reporting

- . Child Care and Placement Information System (Michigan); and
- . Social Services Management System (potentially exemplary) (Texas).

Evaluation procedures

- . detailed project evaluation (Texas).

Outreach

- . Child Abuse Information Campaign (Texas); and
- . Professional Caliber of Media Efforts (Texas).

Client referral

- . information and referral service (Massachusetts).

Service delivery

- . adoption services and subsidy (Texas);
- . foster board rate structure (Texas); and
- . runaway network, diversionary, and community-based programs efforts to change from crisis-oriented to preventive services (Texas).

Reporting

- . Child Abuse and Neglect Reporting and Inquiry System (potentially exemplary) (Texas).

Of the 21 features for which exemplary features were identified in the survey, the eight for which no exemplary features were identified in this cluster were the following:

- . professional values;
- . community values;
- . financing;
- . program staffing patterns;
- . administrative decision making;
- . financial budgeting;
- . purchase of service administration; and
- . monitoring.

Small/State Administered Cluster

An analysis was made of the exemplary features in the Small/State Administered cluster. The following listing identifies, by feature, the exemplary elements cited in the profiles for this cluster:

Community values

- . Oklahoma Public Welfare Commission; and
- . strong support of administration and legislature (Utah, West Virginia).

Legislation

- . annual revision of child welfare laws (Oklahoma).

Financing

- . sales tax identified for child welfare (Oklahoma).

Program personnel

- . commitment (Tennessee).

Administration personnel

- . commitment (Tennessee); and
- . quality (Tennessee).

Program staffing patterns

- . specialization of staff where feasible in local offices (Utah).

Organization

- . district organization structure (Iowa, Utah); and
- . strong state-administered system (Rhode Island, West Virginia).

Planning

- . Title XX planning process will serve as basis for future outreach, needs assessment, planning, and program development (Rhode Island).

Administration decision making

- . policy decision for development of preventive services (Iowa).

Program resource mobilization

- . development of homemaker services (Iowa); and
- . issuance and biennial revision of minimum licensing requirements (Washington).

Personnel administration

- . educational leave for graduate social work training (Louisiana).

Financial budgeting

- . line-item input (Oklahoma).

Administrative reporting

- . Oklahoma Service System;
- . worker inventory component of Social Service Delivery System (Utah);
- . Workload Planning and Central System (potentially exemplary) (Washington);
- . Local Office Monitoring System (potentially exemplary) (Washington);
- . heavy commitment to improving management information systems (potentially exemplary) (West Virginia);
- . Tennessee Reporting and Inquiry System for Child Abuse and Neglect (potentially exemplary); and
- . Tennessee Welfare Integrated Services System (potentially exemplary).

Outreach

- . service program profiles (Rhode Island).

Service delivery

- . youth services (Iowa);
- . family treatment (Iowa);
- . support projects (Iowa);
- . intensive treatment projects for adolescents and their families (Iowa);
- . Child Protection Centers (Louisiana);
- . Child Abuse "hot line" (Oklahoma, Utah);
- . Interdisciplinary trauma teams (Rhode Island, Utah);
- . foster home program for developmentally disabled children (Rhode Island);
- . sharing resources with other state departments (Rhode Island);
- . Comprehensive Emergency Services (Tennessee);
- . innovative programs developed in cooperation with community groups (Tennessee);
- . four level foster care (Utah);
- . Alternative Methods of Treatment for Families at Risk (Utah);
- . Resources Coordinating Council (Utah);
- . therapeutic day care program (Utah);
- . child welfare services to juvenile courts (Utah);

- . court specialist effective and supportive of child welfare workers (Washington);
- . services to school-age parents from focus on prevention (Washington);
- . day care enrichment program (West Virginia);
- . emergency shelter care program (West Virginia);
- . detention case development (West Virginia); and
- . predelinquency services (West Virginia).

Reporting

- . monthly and annual reports (Oklahoma).

Of the 21 features for which exemplary elements were identified, the five for which no exemplary elements were identified in this cluster were the following:

- . professional values;
- . purchasing of service administration;
- . monitoring;
- . evaluating procedures; and
- . client referral.

Large/Locally Administered Cluster

An analysis was made of the exemplary features in the Large/Locally Administered cluster. The following listing identifies, by feature, the exemplary elements cited in the profiles for this cluster:

Professional values

- . traditional leader in the field of child welfare (New York).

Community values

- . support programs not receiving federal assistance (North Carolina); and
- . array of professionals and lay citizens involved in child welfare (North Carolina).

Legislation

- . pending legislation to establish 24-hour emergency services for abuse children (Pennsylvania); and

- . pending legislation to change funding formulas between state and counties to shift local program emphasis (Pennsylvania).

Financing

- . statewide mechanism for use of Title IV-B monies to provide training and new program development (New York).

Organization

- . advocacy unit (North Carolina); and
- . protection units in each district (New York).

Administrative decision making

- . active involvement of local office administrators in developing state policies and procedures (North Carolina); and
- . management by objectives concept of program planning (North Carolina).

Program resource mobilization

- . differential foster homes (New York);
- . adoption subsidy follows child out of state (New York);
- . adoption exchange (New York); and
- . establishment of independent corporation to concentrate on developing community-based services for institutionalized delinquents (Pennsylvania).

Administrative reporting

- . random moment statistical sampling approach to gathering case data for reports (potentially exemplary) (New York); and
- . Child Welfare Information System (New York).

Monitoring

- . combination of programmatic and fiscal accountability systems with child-by-child received (New York).

Service delivery

- . protective services (California, North Carolina, Virginia);
- . service directory (California);

- . administration of detention facilities as social service operations (New York);
- . diagnostic centers (New York);
- . capacity to respond immediately and appropriately to emergencies (New York);
- . capacity to maintain a child in their own home until a case plan can be developed (New York);
- . periodic court review of children in foster care (New York);
- . Child Abuse Registry (New York);
- . Independent Parents Rights group (New York);
- . comprehensive early childhood development program (potentially exemplary) (North Carolina);
- . adoption programs (North Carolina);
- . non-federal funds which guarantee universal coverage in foster care for children in the state (North Carolina);
- . sponsorship of separate corporation to develop community alternatives to institutional care (Pennsylvania);
- . integration of wide variety of services (Pennsylvania);
- . human Services Center to house public and voluntary agencies (Pennsylvania); and
- . program related to diagnosis and treatment of parents and children in child abuse cases (Pennsylvania).

Reporting

- . special reports (North Carolina),

Of the 21 features for which exemplary features were identified during the survey, the ten for which no exemplary features were identified in this cluster were the following:

- . program personnel;
- . administrative personnel;
- . program staffing patterns;
- . planning;
- . personnel administration;
- . financial budgeting;
- . purchasing of service administration;
- . evaluating procedures;
- . outreach; and
- . client referral.

Small/Locally Administered Cluster

An analysis was made of the features in the Small/Locally Administered cluster. The following listing identifies, by feature, the exemplary elements cited in the profiles for this cluster:

Legislation

- . Child Protection Act of 1975 has led to use of multi-disciplinary teams (Colorado).

Administrative personnel

- . leadership (North Dakota, Wisconsin); and
- . high quality (North Dakota).

Organization

- . decentralization of service delivery (Wisconsin).

Planning

- . many techniques and processes utilized in the Title XX planning could be incorporated in the development of the delivery system (Colorado); and
- . community planning and development role of the state (Wisconsin).

Program resource mobilization

- . statewide independent living arrangement for teenagers project (Colorado);
- . Family Day Care Parents Handbook (North Dakota);
- . Homemaker Training Program (North Dakota); and
- . standards for service programs (Wisconsin).

Administrative reporting

- . tracking system project (potentially exemplary) (Colorado);
- . case management information system (potentially exemplary) (North Dakota); and
- . service effectiveness/workload inventory system (Wisconsin).

Purchasing of service administration

- . contract monitoring system (Minnesota).

Monitoring

- . monitoring system (Minnesota).

Evaluation procedures

- . Social Service Consumer Survey (potentially exemplary) (Minnesota).

Outreach

- . excellent publication about services (North Dakota).

Service delivery

- . practice guidelines for adoption service (Minnesota);
- . practice guidelines for unwed parents (Minnesota);
- . public and private sectors cooperation and collaboration (Minnesota);
- . extension course for foster parents (Minnesota);
- . adoption services (Minnesota);
- . day care services (Minnesota);
- . foster care services (Minnesota);
- . Area Social Service Centers (North Dakota); and
- . local office provision of services to courts (Wisconsin).

Of the 21 features for which exemplary elements were identified in the survey, the ten for which exemplary elements were not identified in this cluster were the following:

- . professional values;
- . community values;
- . financing;
- . program personnel;
- . program staffing patterns;
- . administration decision making;
- . personnel administration;
- . financial budgeting;
- . client referral; and
- . reporting.

Separate Department Cluster

An analysis was made of the exemplary features in the Separate Department cluster. This analysis indicated that twice as many exemplary elements were identified in Illinois as in either of the other states, and that the number of elements per feature was also significantly larger in Illinois.

The following listing identifies, by feature, the exemplary elements cited in the profiles for this cluster:

Professional values

- . documentation prepared for the legislation fiscal year (Oregon); and
- . support for initiative at district and local levels (Oregon).

Legislation

- . reflection and orientation to children reflected in statutes, which are very similar to generally accepted model legislation in some instances (Connecticut).

Organization

- . general structure (Connecticut, Oregon);
- . process of creating separate child welfare department (Connecticut); and
- . highly visible, self-contained structure (Oregon).

Program resource mobilization

- . licensing structure for its evaluation and consulting components (Illinois);
- . training package for staff (Oregon); and
- . development and control of special training modules (Oregon).

Outreach

- . wide and aggressive use of publicity (Illinois).

Service Delivery

- . therapeutic foster homes (Connecticut);
- . good general relationships with courts (Connecticut);
- . CARE Line, an example of public/private coordination (Connecticut);
- . community organization (Connecticut);
- . efforts to bring together diverse interests (Connecticut);
- . adoption subsidy (Illinois);
- . constructive relationships between public and nonpublic sectors (Illinois);
- . Service Plan Agreement (Illinois);
- . refined contractual agreements with vendors (Illinois);
- . Permanency Program for Children (Illinois);
- . resource coordination affected by district office (Illinois);
- . CORE. . . Cook County Community Services (Illinois);
- . volunteer career counseling effort for college bound youths (Illinois);
- . outposted teams (Illinois);
- . multipurpose practitioner (Illinois);
- . "circuit riding" consultation (Illinois);
- . district office support (Illinois); and
- . preventive and restoration services (Oregon).

Of the 21 features for which exemplary features were identified in the survey, the 15 for which no exemplary elements were identified in this cluster were the following:

- . Community values;
- . financing;
- . program personnel;
- . administrative personnel;
- . program staffing patterns;
- . planning;
- . administrative decision making;
- . personnel administration;
- . financial budgeting;
- . administrative reporting;
- . purchase of service administration;
- . monitoring;
- . evaluating procedures;
- . client referral; and
- . reporting.

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